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Introduction

The mission of the Montgomery County, Maryland Advanced Practice Center for Public Health Preparedness and Response (Montgomery County APC) is to develop tools and resources for local health departments (LHDs) for preparedness planning, mitigation and response. This toolkit is designed to assist LHDs in conducting a pandemic flu preparedness workshop for home care providers. It will help save time and resources, identify the right partners, locate specific resources, and help LHDs succeed in planning an event that will ultimately prepare the most vulnerable members of their communities.

As LHDs plan and prepare for disaster events such as pandemic flu, two of the more difficult questions continue to be:

- *How can the most vulnerable community residents become prepared for pandemic flu?*
- *How might LHD's pandemic flu preparedness messages reach people with special needs, such as the frail elderly, the disabled, and others?*

The Montgomery County APC wrestled with these questions. One solution was to engage home care agencies in planning for pandemic flu. These agencies appeared to be a common thread in touching many of the diverse populations. Home care is the umbrella term applied to various agencies that provide a range of in-home services to vulnerable populations. (For more a more in-depth description of this target audience, please visit the [Who Is Home Care?](#) section in the toolkit). Home care and public health share a common goal—to ensure that vulnerable populations receive information about personal preparedness so that they know what to do during a disaster.

Together with the Maryland National Capital Homecare Association (MNCHA), Montgomery County APC co-sponsored an educational event for home care providers. With the goal of helping service providers integrate public health preparedness into their daily activities with their clients, we developed a half-day program entitled “Pan Flu & Us: Linking Home Care and Public Health.”

This toolkit provides the following guidance for LHDs to develop a similar program in their communities.



Who Is Home Care?

Home Care is the umbrella term applied to various agencies that provide a range of services in the home. Their services may include:

- Skilled services such as nursing, rehabilitation and infusion of medications
- Personal care
- Homemaking
- Companion services.

Certified Home Health Agencies provide skilled services on an intermittent basis as well as limited home health aide services under the supervision of a nurse. The home health agencies are certified by the Centers for Medicare and Medicaid Services (CMS) to provide skilled services reimbursable under Medicare or Medicaid. Private health insurers may also pay for home health services depending on the benefits plan.

The group of agencies known as Home Care Agencies conducts assessments for care planning and may or may not provide direct client care or case management by nurses or social workers. These agencies primarily offer services such as personal care aide, homemaker, and companion. Clients can access these services by block of time (such as 4 hours per day) or around-the-clock.

Another group of providers under the Home Care umbrella is the Residential Service Agencies (RSAs). Some examples of RSAs are durable medical equipment companies, infusion companies, oxygen companies, and private duty nursing agencies.

The main goal of home care is to provide clients with safe, quality care to meet individual health needs and to assist clients with daily activities. Your state association of the National Association for Home Care and Hospice (NAHC) is a great resource for determining whom to invite to your event. The web site is www.nahc.org.

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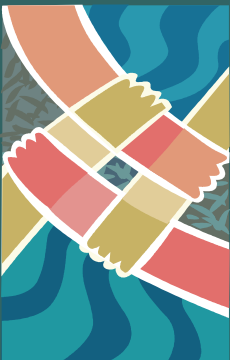
Pan Flu & Us: Linking Home Care and Public Health

Types of Home Care and Home Health Care Agencies

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Type of Agency	Type of Service Provided	Type of Employee	Category of Need
Home care	Bathing, dressing, shopping, light housework	Personal care aide, homemaker, home-maker/health aide, companion	Chronic care, help with daily living
Home health care	Skilled nursing care, rehab/physical/occupational/speech therapy	RN, LPN, social worker, physical therapist, home health aide	Acute, skilled care, post-acute care~all ages
Residential Service Agencies	Durable medical equipment such as oxygen, wheelchairs, beds, respiratory equipment, suction machines, etc.	RN, LPN, respiratory therapist, occupational therapist, other	Acute and chronic care



Who Are Your Partners?

Making sure that all residents of a community are prepared for emergencies takes a lot of work. As public health professionals, we know all too well that we can't do it alone. The ability to partner effectively with other organizations is absolutely essential.

However, in putting together a program for home care providers, the partners are not always obvious. They may be organizations and agencies you don't work with on a regular basis. It requires some research to identify them. And once they have been identified, the organizations may not be readily inclined to work with an unfamiliar partner such as public health.

Further complicating matters, home care agencies often operate on the thinnest of profit margins. Their staffs may be so stretched in terms of time and budget that the idea of adding another meeting or task to their agenda might seem daunting, if not impossible.

When planning your event for home care providers, it is crucial to include some of them in the planning from the earliest stages. Not only will their inclusion in the planning process facilitate a more inclusive program, but having access to their resources—both human and material—will help you achieve a successful event.

But how can you identify the right partners? And how will you encourage their participation without overwhelming them with additional work?

Begin by brainstorming with your planning committee.

Who are the likely partners? What resources can they bring?

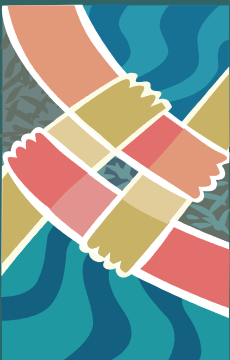
If you are unsure about whom to partner with, conduct an online or phone directory search of the home care agencies in your area. Your state home care association is one place to start. To find your state home care association, visit the website for the National Association for Home Care and Hospice (NAHC), www.nahc.org, and click on your state on the NAHC Directory of State Associations map to find the name and contact information. In addition, your local government might also have a list of these agencies, as many require licensure and regulation.

In addition to the private partners, think about other governmental agencies that might want to partner with you. State level agencies serving vulnerable populations are also a good resource.

Once you have identified potential partners, don't be afraid to ask. Often, when trying to establish a partnership, it is simply a matter of assigning the proper roles and responsibilities. People generally are willing to cooperate if the task is within their scope of work.

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Pan Flu & Us: Linking Home Care and Public Health

What Topics Will You Cover?

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One of the first decisions for your planning committee is the selection of topics for your event. You can start the discussion with some suggestions. But your partners, as practitioners in the field, might have ideas about additional topics that you would not have envisioned.

In selecting your topics, consider potential speakers on each topic. Perhaps there is someone within your own agency who could be asked to speak. To find subject experts, read relevant journals or attend conferences, if possible. Authors of journal articles or speakers at conferences may be tapped as potential speakers. If you choose a nationally known speaker or a speaker from out of town, be prepared to offer an honorarium and reimbursement for travel expenses.

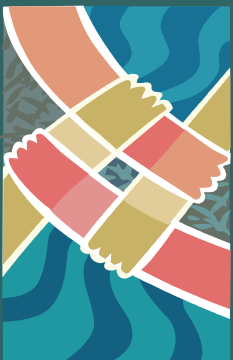
In addition, consider your state and local Department of Disabilities. Staff at these agencies will be knowledgeable about the needs of the disabled and similar vulnerable populations. Reaching out beyond public health for this collaborative effort may result in ongoing partnerships with fellow governmental organizations. An offer of in-kind payment will be appreciated by the other government agencies. Do you have printed materials to offer? Would you agree to speak at one of their meetings? Can you provide another service in exchange for their participation?

Your state association of NAHC, the National Association for Home Care and Hospice, is a great resource to tap for suggested topics and speakers. To find your state home care association, visit www.nahc.org and click on your state on the map. There you will find the name and contact information for your state's home care association.

Following is a list of some potential topics for a home care and pandemic flu conference:

- Background on Pandemic Flu
- Special Liability Concerns for Home Care Providers and Pandemic Flu
- Workforce Issues—Do You Have a Continuity of Operations Plan?
- How to Prepare Our Clients—Make a Plan, Make a Kit, Have a Conversation
- How to Include Preparedness in Regular Client Visits
- Public Health's Role in a Pandemic Flu
- The Role of Home Care in (State's) Emergency Preparedness Plan

For your information, speaker biographies and **slide presentations** from the Montgomery County event are provided on this CD.



INTEGRATING PUBLIC HEALTH PREPAREDNESS FOR VULNERABLE POPULATIONS TO DO LIST FOR A HALF-DAY PROGRAM

6 MONTHS PRIOR TO YOUR EVENT:

	Convene a planning committee, which should include members from the home care community
	Identify the purpose of the event
	Conduct research on potential topics and speakers***
	Determine whether you will offer continuing education contact hours for nurses, social workers, or health education specialists. The application for these credits must be submitted usually 60 days before the program.
	Convene a planning committee, which should include members from the home care community
	Identify the purpose of the event
	Conduct research on potential topics and speakers***
	Determine whether you will offer continuing education contact hours for nurses, social workers, or health education specialists. The application for these credits must be submitted usually 60 days before the program.

4-5 MONTHS PRIOR TO EVENT:

	Develop a timeline and assign responsibilities
	Identify target audience and obtain mailing lists*
	Finalize learning objectives
	Create a name and logo for the conference**
	Identify suitable venue**
	Decide whether to offer food/other incentives**
	Decide whether to offer speaker honoraria, gifts, travel allowance, etc.**
	Identify/contact speakers***
	Work with your state home care association to coordinate calendars regarding the date for your program
	Finalize date, based on speaker and venue availability and other competing programs**
	Develop method of registration
	Develop evaluation plan
	Identify materials for participants' packets**
	Develop and implement an outreach plan

6-8 WEEKS PRIOR TO EVENT:

	Request slide presentations and bios from speakers
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1-2 WEEKS PRIOR TO EVENT:

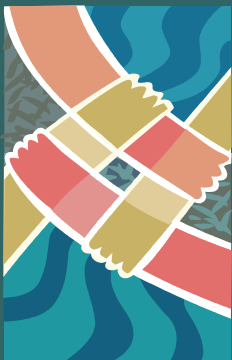
	Hold conference call with speakers***
	Order supplies**
	Prepare folders for participants**
	Prepare directions/signage, sign-in sheets**
	Other logistics—certificate of attendance, door prizes, decorations, AV equipment, tent cards for speakers, name tags, etc.

HYPERLINKS:

	*see Who are your partners?
	**see What's Your Budget?
	***see What Topics Will You Cover?

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What is Your Budget?

To keep costs down, consider using a local hospital's meeting facilities. Hospitals are excellent partners for such an event, especially ones that are associated with a Visiting Nurse or Home Health Agency. Many hospitals have public meeting spaces that are available for little or no charge.

If your local hospital does not have the capacity or the facilities you require, other possible venues include your local community college, a public library, a recreation center, or a fire hall. In choosing your venue, consider the following:

- *Are there extra fees for audio-visual equipment?*
- *Is there adequate parking?*
- *Is it accessible to people with disabilities?*

Refreshments

In all probability, food and beverages will be your most costly item. If your event is in the morning, pastries and coffee are sufficient. If your event is in the evening, you may not need to provide food. But if your event will take place during the day, participants will probably expect a luncheon. Consider your **budget** (among other things) when deciding on the time of day to hold your event.

Printing

To give your event a professional appearance, consider having your Save-the-Date cards or invitations professionally printed. You may use the conference logo (**Logo.pdf**), title, **postcards**, **flyers** and other marketing materials included on this CD or develop your own.

Giveaway Items

Typically, participants at workshops and conferences appreciate a “goody bag” to take away from the event. It also provides an opportunity to market your public health agency. Besides the printed materials you will hand out at your event, other possible giveaway items include:

- Small bottle of hand sanitizer
- Packet of tissues
- Water bottle
- Whistle
- Energy bar
- Crank radio
- Plastic zippered pouch (like a pencil case) for storing copies of important documents

Other Expenses

The following are some miscellaneous items you might want to budget for:

- Reprint fees for copyrighted articles
- Speaker honoraria
- Paper goods and decorations
- Signage

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What Resource Materials are Available?

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Participant Packet

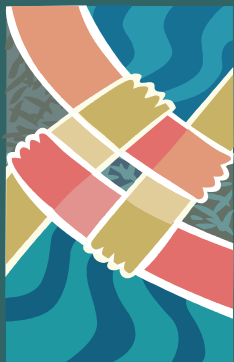
1. Agenda
2. Speaker Bios
3. Speaker Slide Presentations
4. Emergency Preparedness Checklist for Case Management and Home Care Services
5. Stay At Home Toolkit
6. DVD prepared by the State of Maryland, Department of Disabilities, "Being Ready: Disaster Preparedness for More Vulnerable Populations" Go to Maryland Department of Disabilities website at www.mdod.md.gov and click on "Be Prepared"
7. Article: "Disaster Preparedness and the Chronic Disease Needs of Vulnerable Older Adults," *Preventing Chronic Disease: Public Health Research Practice, and Policy*, vol. 5: No. , Jan 2008. Downloaded at www.cdc.gov/pcd/issues/2008/iam/07_0135.htm. Centers for Disease Control and Prevention.
8. Additional Resources list
9. Workshop evaluation form

Printed Materials

1. Conference Flyer
2. Save the Date Postcard
3. Program Objectives
4. Conference Logo

Other Website Links

1. Montgomery County, Maryland Advanced Practice Center for Public Health Preparedness (www.montgomerycountymd.gov)
2. National Association of County and City Health Officials (www.naccho.org)
3. National Association of Home Care and Hospice (www.nahc.org)
4. What is Public Health? (<http://www.whatispublichealth.org/>)
5. Promising Pandemic Flu Practices at the Center for Infectious Disease Research & Policy (www.pandemicpractices.org)



Pan Flu & Us: Linking Home Care and Public Health Are You Ready for Pandemic Flu?

Wednesday, March 12, 2008

The Boyer Learning Center – Montgomery General Hospital

8:30 a.m. – 1:00 p.m.

- | | |
|---------------------------|---|
| 8:30 – 9:00 a.m. | Registration and Light Breakfast |
| 9:00 – 9:15 a.m. | Welcome
Ulder J. Tillman, MD, MPH
Montgomery County Health Officer
Orchestration of the Conference
Kathy Wood, MPH, BSN, RN
Nurse Administrator, Montgomery County
Public Health Emergency Preparedness and Response Program |
| 9:15 – 10:15 a.m. | The Latest on Avian and Pandemic Flu: Should We Worry in Home Care?
Sharon D. Martin, MSN, APRN, BC, Associate Professor of Nursing
St. Joseph's College of Maine
Member of Agency for Healthcare Research and Quality (AHRQ) expert panel on Home Health Care for Pandemic Influenza |
| 10:15 – 10:30 a.m. | Break |
| 10:30 – 11:15 a.m. | How Can I Help My More Vulnerable Clients Prepare for a Pandemic?
JoAnne E. Knapp
Director of Emergency Preparedness Policy
Maryland Department of Disabilities |
| 11:15 – 12 Noon | Public Health and Home Care: Planning Together
Kay Aaby, MPH, RN, Program Manager
Montgomery County Advanced Practice Center (APC) for Public Health Emergency Preparedness and Response |
| 12:00–12:45 p.m. | Buffet Lunch: Panel for Open Discussion with Speakers
Moderator: Carol S. Jordan, MPH, BSN, RN
Director Communicable Disease, Epidemiology and Public Health Emergency Response |
| 12:45 - 1:00 p.m. | Evaluations – Certificate of Attendance |

Katherine (Kay) A. Aaby, MPH, BSN, RN

Kay Aaby is the Nurse Manager for Montgomery County, Maryland's Public Health Emergency Preparedness and Response Program under the Department of Health and Human Services. Ms. Aaby received her Bachelor of Science in Nursing (BSN) degree from California State University and a Master of Public Health (MPH) degree from Loma Linda University also in California.

She has worked over twenty-five years in local public health in California, Hawaii, Minnesota and Maryland. While in Hawaii she worked for the Navy Relief Society as a visiting nurse providing home nursing services ranging from newborn six-week assessments to other health care interventions for military families on the island of Oahu. Prior to her current position she was a School Community Health Nurse conducting home visits for pregnant teens and assessment of newborns after discharge from the hospital.

She represented the National Association of County and City Health Officials (NACCHO) at a congressional staff briefing on Capital Hill speaking about the public health tools and resource for "Cutting-edge Approaches to Bioterrorism Preparedness at Local Public Health Departments." She also serves as a member of NACCHO's Exercise and Evaluation Workgroup and has represented NACCHO in several work groups focusing on antiviral issues and at-risk and vulnerable populations during a pandemic influenza.

Kay has co-authored several articles addressing the issues of Public Health Preparedness. "Embracing Computer Modeling to Address Pandemic Flu in the 21st Century" was published July, 2006 in the Journal of Public Health Management & Practice. Other publications have appeared in issues of Interfaces and the Journal of Health Care for the Poor and Underserved. She is a member of the American Public Health Association.

JoAnne Knapp, MA, BA

JoAnne Knapp is Director of Emergency Preparedness Policy for the Maryland Department of Disabilities. In her role as Director, JoAnne has been instrumental in developing conferences and regional committees designed to share emergency preparedness information with and for individuals with disabilities, emphasizing collaboration with emergency management personnel and other interested entities in the state of Maryland. JoAnne has worked actively with all disability and other special needs groups, including the deaf, blind, mobility impaired and ageing communities. She has presented to numerous organizations in Maryland as well as at conferences outside of Maryland, including Washington, DC and Delaware. JoAnne has been with the Department of Disabilities since December 2003.

Prior to coming to the Department of Disabilities in early 2004, Knapp spent 16 years with United Cerebral Palsy of Central Maryland as Director of Human Resources and then as Chief Administrative Officer. In this position she was responsible for budgeting, finance and accounting, human resources, real estate development and employee training for the 400+ employee organization serving Marylanders with a variety of disabilities.

JoAnne also worked previously for The Rouse Company and was an adjunct Associate Professor at Howard Community College and Catonsville Community College.

She received her Bachelor of Arts (BA) degree from the University of Maryland, College Park and her Master of Arts (MA) degree from The American University in Washington, DC.

JoAnne lives in Ellicott City with her husband and daughter.

Sharon Dezzani Martin, MSN, APRN, BC

Sharon Dezzani Martin is an Associate Professor of Nursing at St. Joseph's College of Maine. She holds a Bachelor of Science in Health Education from the University of Connecticut, a Bachelor of Science in Nursing from the University of Kentucky and a Master of Science in Nursing from the University of Southern Maine. She is currently a doctoral candidate in the Doctor of Science of Nursing Program at Rocky Mountain University of Health Professions in Provo, Utah.

Sharon has worked in home care and nursing administration since the early 1980's and is Certified as Clinical Nurse Specialist in Community Health Nursing. She currently teaches community nursing, leadership and management in the BSN program at St. Joseph's College of Maine.

Her interest in pandemic flu began several years ago resulting in the publication of numerous articles on pandemic flu with the goal of educating and preparing nurses, especially home health nurses, for safer, more effective practice during a pandemic. Her publications have included topics such as an introduction to avian and pandemic flu, care in the home of the person with pandemic flu, the impact of pandemic flu on the home care nurse, common sense approaches to preparing useable home care agency pandemic flu plan, and the potential economic impact of a pandemic with suggestions for home care agency financial survival.

Sharon has been invited to speak at conferences around the United States and has served as expert panelist for the Agency for Healthcare Research and Quality (AHRQ) and for the AMA/CDC (American Medical Association/Centers for Disease Control and Prevention) on the topic of preparing the home care agency for pandemic flu. She plans on carrying out a research project this Spring 2008 to investigate nurses' knowledge of pandemic flu and factors that affect nurses' willingness to work during a pandemic.

She is a member of the American Nurses Association (ANA), the Maine Nurses Association and Sigma Theta International Honor Society of Nursing.

Pan Flu & Us: Linking Home Care and Public Health

Are You Ready for Pandemic Flu?



Montgomery General Hospital
Boyer Learning Center

March 12, 2008



THE LATEST ON AVIAN AND PANDEMIC FLU

SHOULD WE WORRY IN HOME CARE?

**Sharon D. Martin, MSN, APRN, BC
Associate Professor & AHRQ Pan Flu Expert Panelist**

Pan Flu & Us: Linking Home Care and Public Health
March 12, 2008 – Boyer Learning Center – Montgomery General Hospital, Olney, MD

Objectives

By the end of this presentation participants will be able to:

- State why individuals and homecare agencies need to prepare for pandemic flu.
- Describe current avian flu research findings.
- Describe what pandemic flu means to you personally and professionally.
- List commonsense planning actions for individuals and home care agencies.
- Describe financial considerations for home care agency survival.
- Review useful resources and references.

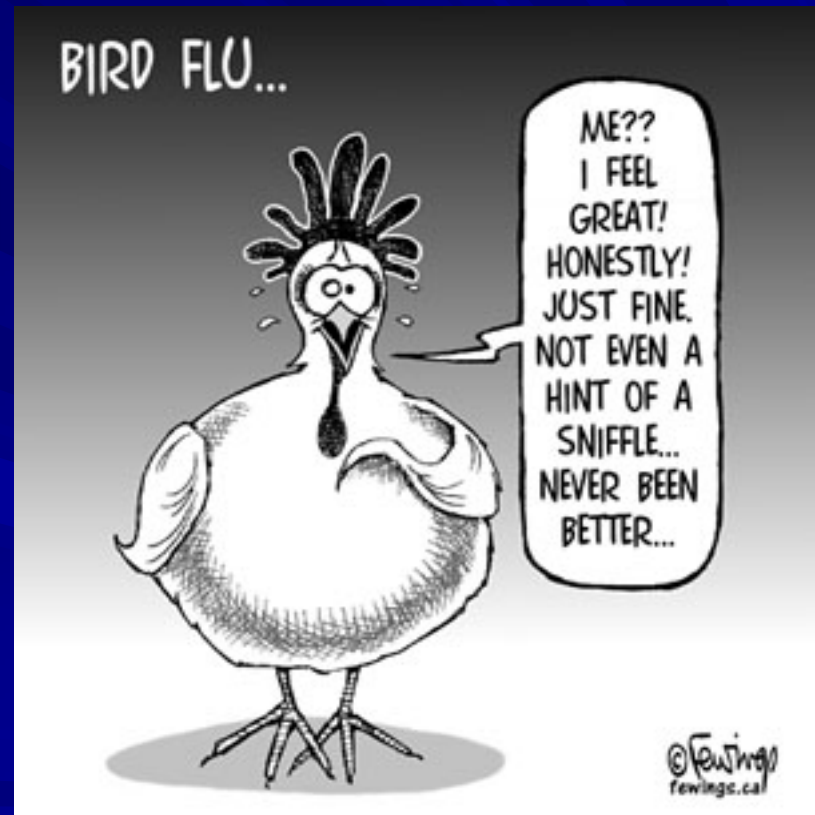


Care to Prepare, flu pandemics are:

■ ***Inevitable*** according to CDC

“The Centers for Disease Control and Prevention (CDC) and other public health experts agree that it is not a question of IF a pandemic will occur, but WHEN it will occur. If America is not adequately prepared, pandemic flu could seriously affect everyone economically.”

<http://www.pandemicflu.gov/takethelead/index.html>



Care to Prepare, flu pandemics are:

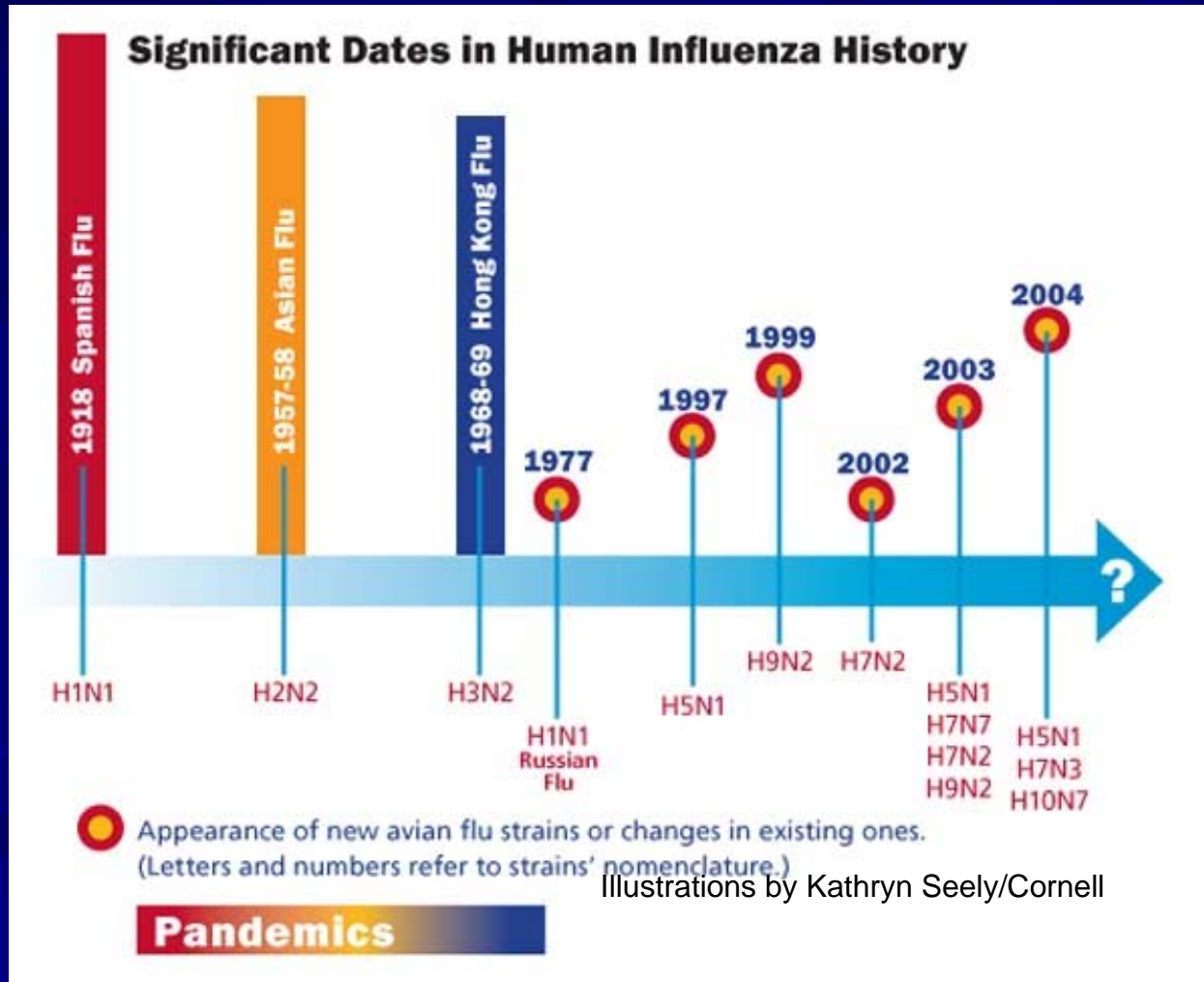


Mad cow with sick bird wants to sit next to you on a long flight

- ***Inevitable*** according to WHO
“Experts at WHO and elsewhere believe that the world is now closer to another influenza pandemic than at any time since 1968, when the last of the previous century's three pandemics occurred.”

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

Care to Prepare, flu pandemics are regular & inevitable



Care to Prepare, flu pandemics deadly



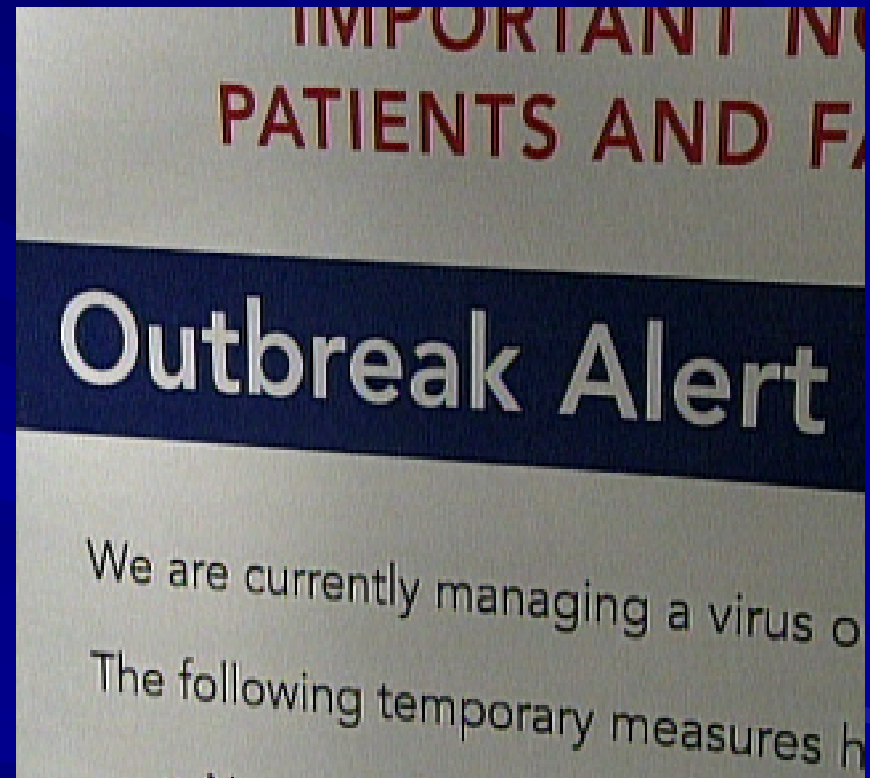
1918 Flu Pandemic

Home Care Agencies at Risk

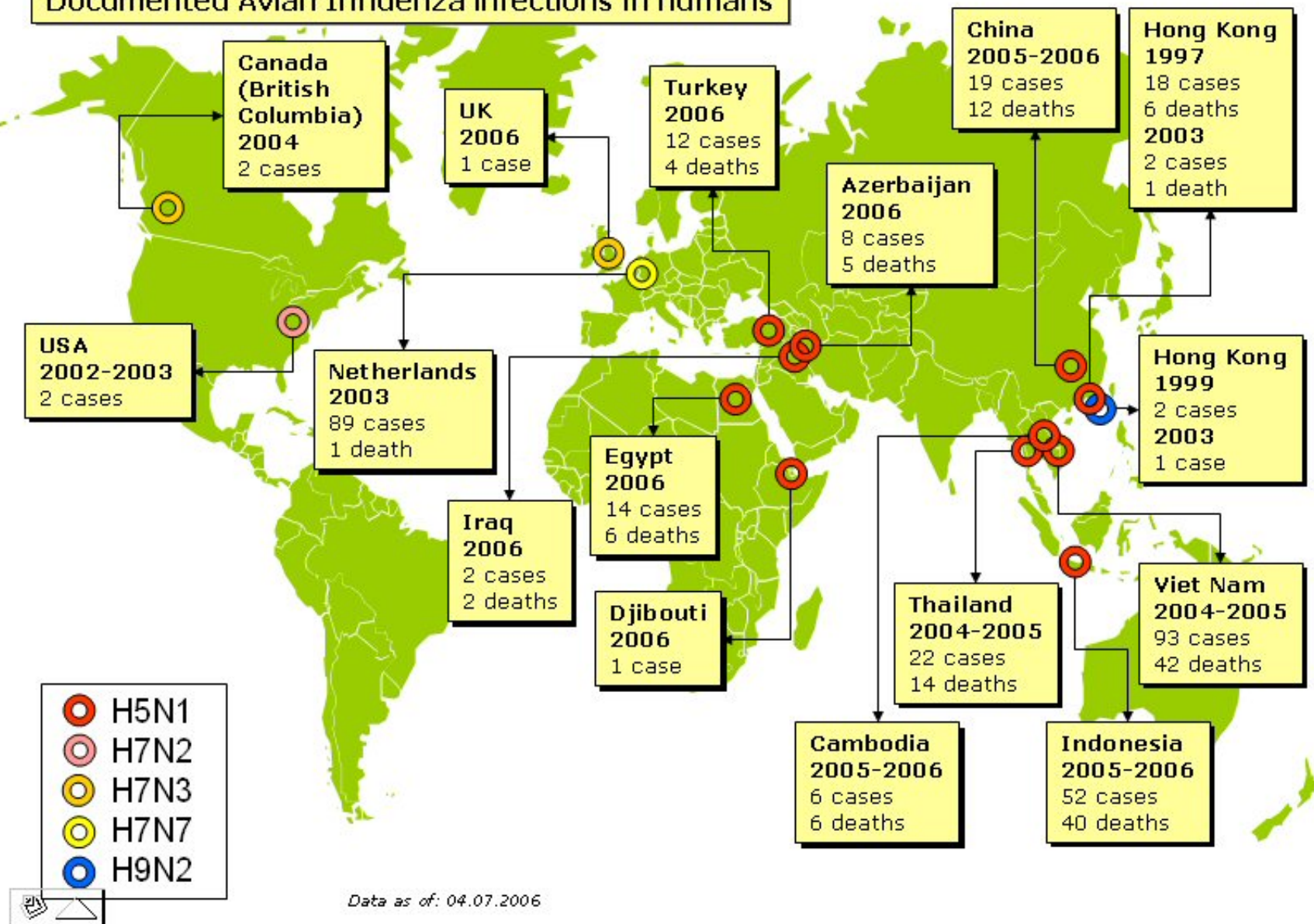


Care to Prepare, US Burden in pan flu

- 30% population ill
(90 million)
- 50% seek health care
 - Severe (1918-like)
1,903,000 excess
deaths
 - Strain on all
businesses, 20 - 80%
absenteeism health
care, health care
agency closures



Documented Avian Influenza infections in humans



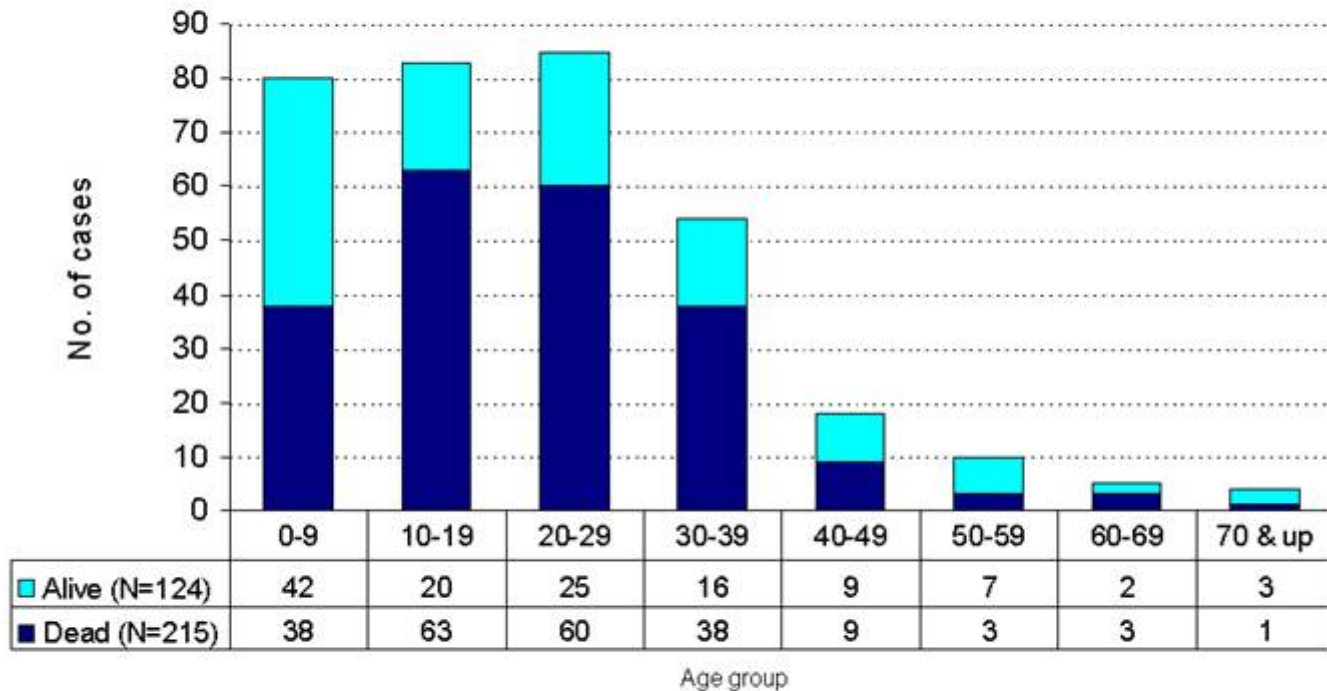
Current phase of alert in the WHO global flu preparedness plan

Inter-pandemic phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

Research-Incidence & Demographics

Human Avian Influenza A (H5N1) Cases by Age Group and Outcome
(n=339) (as of 21 January 2008)



As of 21 January 2008, total of 351 cases were reported officially to WHO
The 12 cases in Turkey were excluded.



Research – Transmission

■ Modes of Transmission

- Contact
- Droplet
- Aerosol
- Airborne



Precautions Avian Flu in Institutions

■ Standard Precautions

- Hand hygiene before and after all patient contact or contact with items potentially contaminated with respiratory secretions.

■ Contact Precautions

- Gloves and gown for all patient contact.
- Dedicated equipment such as stethoscopes, disposable blood pressure cuffs, disposable thermometers, etc.

■ Droplet & Eye protection (i.e., goggles or face shields)

- Wear when within 3 feet of the patient.

■ Airborne Precautions

- Place the patient in an airborne isolation room (AIR). Such rooms should have monitored negative air pressure in relation to corridor, with 6 to 12 air changes per hour (ACH), and exhaust air directly outside or have recirculated air filtered by a high efficiency particulate air (HEPA) filter. If an AIR is unavailable, contact the health-care facility engineer to assist or use portable HEPA filters (see [Environmental Infection Control Guidelines](#)).
- Use fit-tested respirator, at least as protective as NIOSH-approved N-95 filtering facepiece (i.e., disposable) respirator, when entering room.

Instructions for family caregiver at home:

- ✓ **Segregate** ill in private bedroom with bathroom
- ✓ **Keep well away from ill**, especially children, adults who cannot follow infection control instructions, and pets (cats, dogs, birds)
- ✓ **Designate one responsible primary caregiver**
- ✓ No need for special plates/utensils or linens. Wash soiled dishes in warm soapy water or dishwasher. Wash linens in family washer with detergent.
- ✓ **Masks** may be useful if care within 3 feet of pt. Gowns not recommended. Hand washing after all contact. Respiratory hygiene/cough etiquette, muffle.

2 Weapons of mass destruction in a flu pandemic



Research – Incubation Period



Research – Pathology

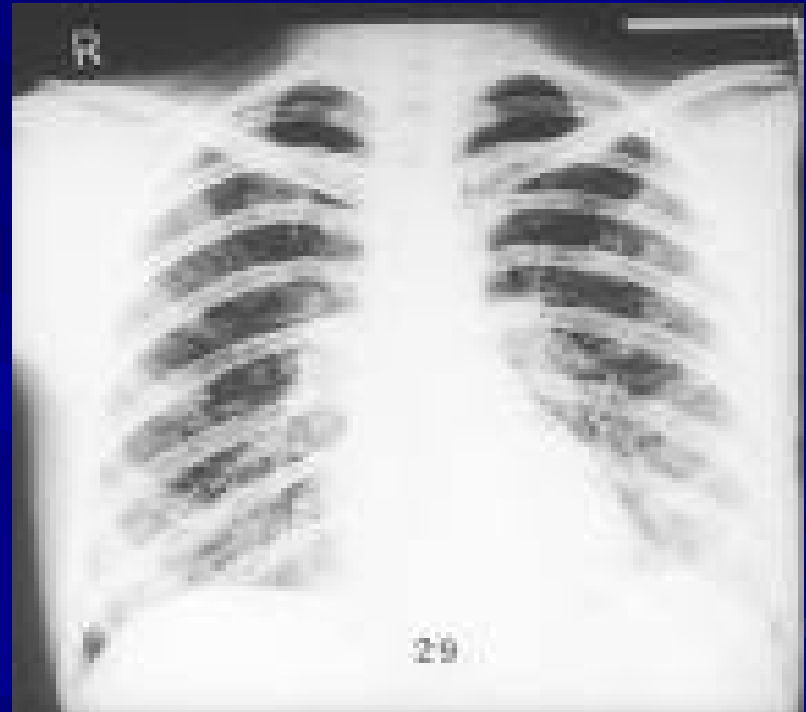
■ Primary cause of death

■ Viral load influences outcome

■ Virus in

- pharynx, trachea, respiratory tract
- blood
- cerebrospinal fluid
- brain
- placenta
- fetus
- feces
- intestines

Fulminant viral pneumonia → ARDS



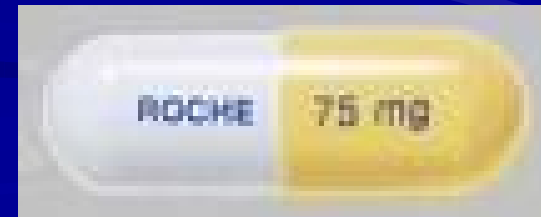
Research – Clinical S & S

- ***Fever***
- ***Pneumonia***
- ***Dyspnea***
- ***Cough***
- ***Leukopenia***
- ***Thrombocytopenia***
- **GI**
- **Neurological**
- **Myalgia**
- **Conjunctivitis**

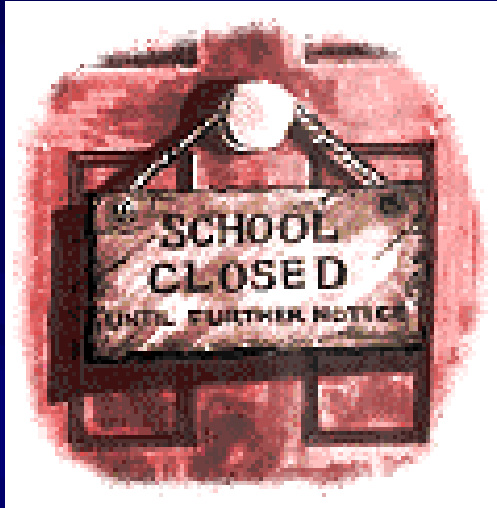


Research – Treatment

- Fully resistant, amantadine & rimantadine
- Peramivir, FDA approved research, new neuraminidase inhibitor, IV
- Oseltamivir (**Tamiflu**) (primary or secondary prevention), PO
 - Dose – 75 mg bid 5 days, **150 mg bid 10 days**
 - SNS 25% US population
- Zanamivir (**Relenza**) (primary or secondary prevention) nasal



Personal Effects



Professional Effects



Commonsense Planning, Code Flu



Designate 2 point persons

A screenshot of a 'MEDICAL OFFICES AND CLINICS PANDEMIC INFLUENZA PLANNING CHECKLIST'. The document is from the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). It provides a structured way for medical offices and clinics to assess their preparedness for a pandemic influenza response. The checklist includes sections for 'Structure for planning and decision making' and 'Other members'. It has columns for 'Completed', 'In Progress', and 'Not Started'. The 'Completed' column has checkboxes, while the 'In Progress' and 'Not Started' columns have checkboxes and lines for notes. The 'Other members' section includes lines for 'Administration', 'Medical staff', 'Nursing', 'Reception personnel', 'Environmental services (if applicable)', and 'Clinic laboratory personnel (if applicable)'. There is also a section for 'Other members' with lines for 'Point of contact (e.g., person assigned infection control responsibility for the organization or as outside consultant)' and 'Person assigned infection control responsibility for the organization or as outside consultant'. The document is dated 10/2009.

Obtain Planning Guides



Orient all staff

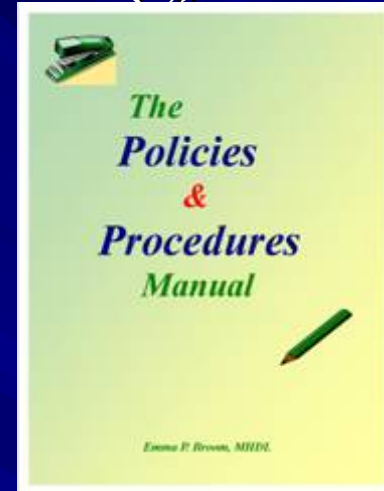


Establish communication & authority

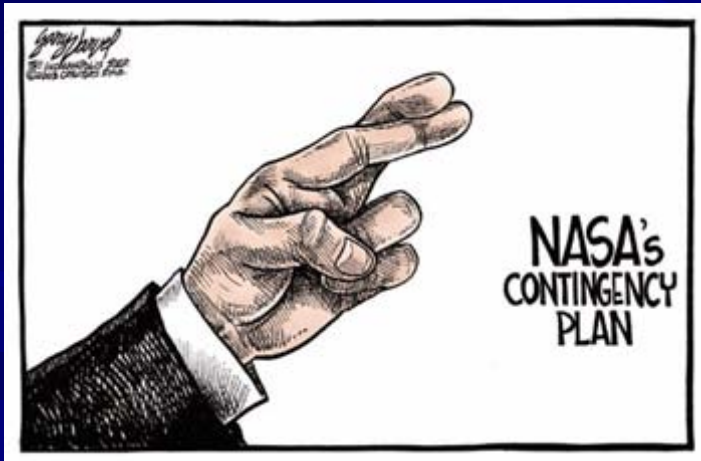
Commonsense Planning, Code Flu



Start with individual planning



Develop pan flu admit, visit, DC policies



Beef up patient contingency plans



Update skills of all supervisors

Commonsense Planning, Code Flu



Stock supplies



Designate a flu call nurse



Create job knowledge redundancy

■ *Volunteer List*

- Darlene Jackson
- Maranda Blanchard
- Ferdinand Benson
- Halley Simpson

Prepare flu volunteer list

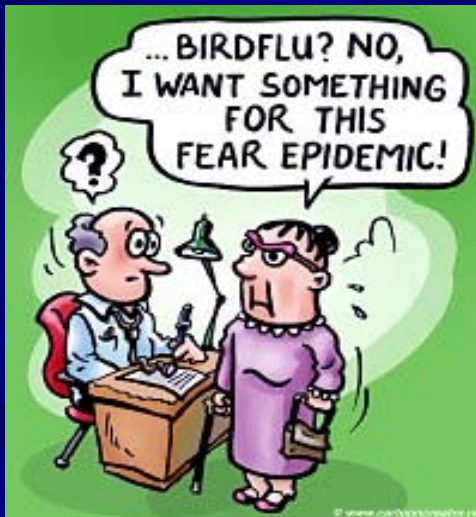
Commonsense Planning, Code Flu



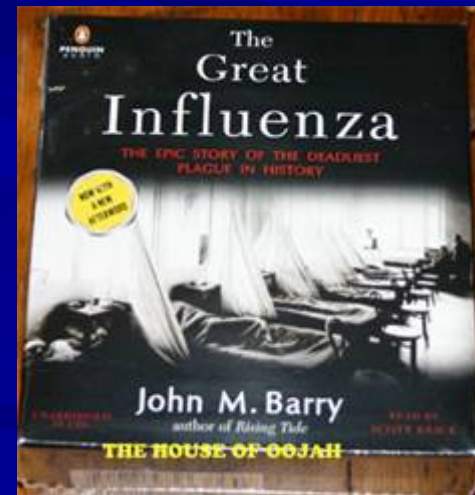
Implement social distancing



Develop brief paperwork systems



Provide emotional support



Read about the 1918 pandemic

Financial Considerations

- **SUPPLIES**
- **STAFF SHORTAGES**
- **REIMBURSEMENT**
- **VACCINE AND ANTIVIRAL MEDS**
- **UNUSUAL COSTS**
- **PLANNING**

Recommended Resources

- ✓ www.montgomerycountymd.gov/pandemicflu
 - Montgomery County DHHS pan flu website
- ✓ www.pandemicpractices.org
 - Center for Infectious Disease Research & Policy, U. of Minn.
- ✓ <http://emergency.cdc.gov/preparedness/>
 - CDC Emergency Preparedness
- ✓ <http://www.pandemicflu.gov/>
 - U.S. government avian/pan flu info
- ✓ <http://www.pandemicflu.gov/takethelead/index.html>
 - U.S. government pan flu Take the Lead
- ✓ www.cdc.gov/flu/pandemic/healthprofessional.htm
 - CDC info for health professionals
- ✓ http://www.who.int/csr/disease/avian_influenza/en/
 - Latest WHO info on avian flu
- ✓ <http://www.getpandemicready.org/>
 - Practical advice for pan flu prep, non-governmental source

Recommended References

- Martin, S. (June 2008). Pandemic Economics: Financial Survival for Homecare Agencies in a Bird Flu Outbreak. *Home Health Care Management & Practice*.
- Martin, S. Pandemic Economics: Financial Survival for Home Care Agencies in a Bird Flu Outbreak. *Home Health Care Management & Practice*. Prepublished December 26, 2007; DOI:10.1177/108482230731076110.1177/0123456789123456. Available at <http://hhc.sagepub.com/cgi/rapidpdf/1084822307310761v1>
- Martin, S. (2007). Code flu: Common-sense steps to the development of an agency pandemic flu plan for home care. *Home Healthcare Nurse*, 25(9), 595-601.
- Martin, S. (2006). What's new with pandemic flu? Review of the latest Center for Disease Control and Prevention guidelines for family caregivers of pandemic flu victims at home. *Home Healthcare Nurse*, 24(8), 485-486.
- Martin, S. (2006). Avian flu: Should we worry in home healthcare? *Home Healthcare Nurse*, 24 (1), 38-47.
- Taubenberger, J. K., & Morens, D. M. (2006). 1918 Influenza: The mother of all pandemics. *Emerging Infectious Diseases*, 12(1), 15-22.
- Writing Committee of the Second World Health Organization Consultation on clinical Aspects of Human Infection with Avian Influenza A (H5N1) Virus. (2008). Update on avian influenza A (H5N1) virus infections in humans. *NEJM*, 358(3), 261-273.

[martin@sjcme.edu](mailto:smartin@sjcme.edu)



Pan Flu & Us: Linking Home Care and Public Health

Are You Ready for Pandemic Flu?



Montgomery General Hospital
Boyer Learning Center

March 12, 2008

Preparing Vulnerable Clients for a Pandemic

A Guide for Home Care Organizations

JoAnne Knapp, B.A., M.A.
Director of Emergency Preparedness Policy
Maryland Department of Disabilities
March 12, 2008

Objectives

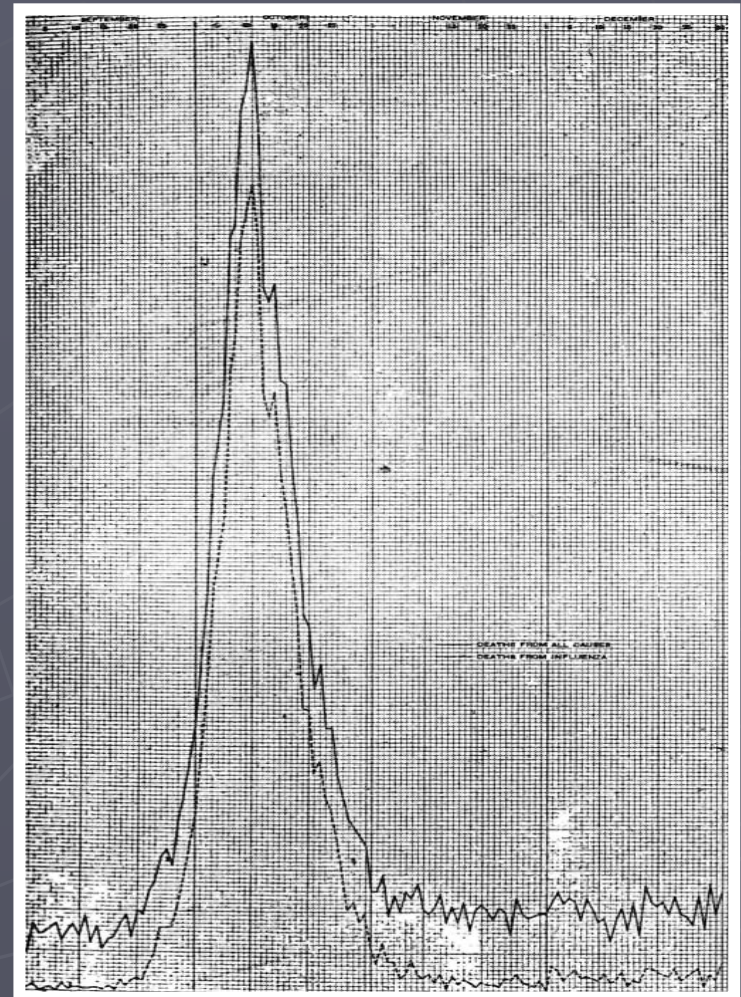
- ▶ 1. Advise Home Care workers on how to prepare themselves and their clients for a Pandemic
- ▶ 2. Assist Home Care workers to recognize the impact of a Pandemic on their agencies
- ▶ 3. Explain what Maryland is doing for Home Care workers and their at-risk clients in helping them prepare for a Pandemic

The Impact of Pandemic Influenza

- ▶ A pandemic comes in waves, each lasting 6-8 weeks, resulting in the pandemic lasting up to a year or longer.
- ▶ High levels of illness, social disruption, and death.
- ▶ Many businesses and the services they provide will stop, because so many people are sick at once.

How Will Your Organization Provide Services?

- ▶ In the face of a pandemic, workers providing vital services may become sick
- ▶ An example of the mortality increase in one state during the 1918 Influenza Pandemic



Be Prepared!

- ▶ Preparedness is the key to maintaining services during a pandemic, as well as avoiding getting sick.
- ▶ **Prepare yourself and your clients!**

The Role of Home Care Organizations

- ▶ Home care organizations will have to continue providing services for their clients, some of who may be sick. Workers may fall ill as well.
- ▶ Home care organizations also may be called upon to provide services for flu patients who do not require hospitalization, or for whom hospitalization is not an option because hospital bed capacity has been reached.

Have a Plan for the Organization

- ▶ The most important thing your organization can do is HAVE A PLAN.
- ▶ A committee should be formed to specifically address pandemic flu; incorporate the planning process into regular emergency management protocol.
- ▶ Have a written plan, incorporating the DHHS Pandemic Influenza plan, as well as the Maryland Pandemic Influenza Plan.

Key Components of a Plan

- ▶ A method for monitoring flu in the population you serve.
- ▶ A communication plan in the event of a pandemic.
- ▶ Education and training programs for personnel.
- ▶ Information on pandemic flu for clients and their families that are language/reading level appropriate.
- ▶ A plan for the management of patients, especially during the height of a pandemic.

Key Components of a Plan (continued)

- ▶ A plan for infection control.
- ▶ A plan for occupational health, including rules regarding the handling of staff who become ill at work, when ill staff can return to work, and staff who are at greater risk of complications if ill.
- ▶ A vaccine and antiviral use plan.
- ▶ Issues related to surge capacity.

Impact on Agency Employees

- ▶ During a pandemic, an organization's normal routines will be disrupted due to employee illness/absenteeism and increased demand for services.
- ▶ It is important to know that hours worked and duties performed may change. Staff may be cross-trained.

Working in a Pandemic

"If I don't work in a time of crisis, who will?"

- ▶ In a pandemic situation, it is important to report to work if healthy.
- ▶ Make arrangements with neighbors, family, or other members of a support network to care for children, elderly relatives, or people with special needs in the event of you working during the pandemic.
- ▶ However, if exhibiting flu symptoms **DO NOT GO TO WORK**

Limiting Exposure

- ▶ During an influenza pandemic local, state, or federal government can issue quarantine or isolation orders.
- ▶ **Social Distancing** is when people voluntarily avoid crowded places, social contact, or public events. Gatherings, schools and sporting events may be closed.
- ▶ It is important to adhere to isolation and quarantine orders because they are instrumental in preventing the spread of disease.

Personal Preparedness Kit

- ▶ In the event of having to stay at work unexpectedly, employees should be encouraged to have a personal preparedness kit. Items should include.
 - Clean clothing
 - Toiletries
 - Necessary medications
 - Identification stating your position as a health care worker.



Prepare at Home

- ▶ In the event of pandemic flu, it is important to have a preparedness kit at home for you and your family.
- ▶ This should include:
 - Non-Perishable foods.
 - Fluids
 - Necessary medications
 - Non-prescription medications, such as ibuprofen.

Who is at Risk?

- ▶ Pandemic flu is a threat to every person
- ▶ **Vulnerable populations** are at an increased risk during a pandemic due to a breakdown of their support system.

Who is Vulnerable?

► Vulnerable Populations include, but are not limited to:

- Children, adolescents, and the elderly.
- Individuals with emotional, physical, or cognitive disabilities.
- Individuals with substance abuse issues.
- The homebound.
- Immigrants.
- Individuals facing language barriers.



Preparing your Clients

- ▶ Pandemic flu seems like a far-off threat to many people.
- ▶ Motivate clients to be prepared by explaining that a flu pandemic is different than regular flu season, and millions of people will be affected.
- ▶ Explain the possibility that they will be asked to shelter in place, as well as methods of protecting themselves and being prepared.
- ▶ Encourage individual support systems.

Preparing your Clients

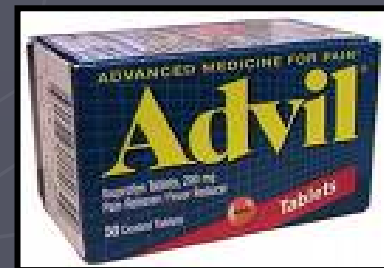
continued

- ▶ Tell them they must stay informed with local emergency plans and updates and follow directions of public health officials.
- ▶ Advise that local services may be limited due to illness in the population.
- ▶ Suggest they make plans for a current Power of Attorney, Advanced Directives, and Last Will and Testament.
- ▶ Encourage them to have a "care giver" plan in place

Stay at Home Kit

Your clients should have an Influenza Stay-Home Kit, including:

- ▶ Digital thermometer
- ▶ Alcohol wipes
- ▶ Fever reducing medication
- ▶ Juices and fluids (for 1-2 weeks)
- ▶ Bleach
- ▶ Disposable utensils, plates cups, napkins
- ▶ Tissues
- ▶ Radio and extra batteries
- ▶ Soap and water
- ▶ Hand sanitizer
- ▶ Trash bags
- ▶ Surgical masks
- ▶ List of internet resources to deliver goods (i.e. groceries) if necessary



Reduce your Client's Risk

- ▶ Although everyone is at risk during a pandemic, there are steps to take to reduce their risk of contracting pandemic flu when either they are sick or they are caring for someone else in their home who is sick.

Steps to Reducing Client Risk

Reminders for Clients

- ▶ **WASH YOUR HANDS!**
 - This is the single best preventative measure
- ▶ Wear a surgical mask; throw away after each use.
- ▶ Do not touch your eyes, nose, or mouth without washing hands.
- ▶ Do not carry contaminated laundry close to your body or face; wash hands after handling contaminated laundry.
- ▶ Give the ill person a bag at their bedside to dispose of used tissues.
- ▶ Clean counters and surfaces

Be Prepared for a Pandemic

- ▶ There is no way to predict when a pandemic will start, but it could be any time.
- ▶ A Pandemic is a global issue and have an effect on everyone.
- ▶ The best thing to do is **BE PREPARED!**

MD Can Help You Prepare

- ▶ Training workshops on how to help your clients prepare
- ▶ Local Special Needs Planning Groups
- ▶ Participation in local and statewide exercises
- ▶ Planning templates for provider organizations
- ▶ Preparedness presentations for individual groups

Additional Information

► Maryland

- <http://flu.maryland.gov>

► United States

- <http://www.pandemicflu.gov>

► World

- http://www.who.int/csr/disease/avian_influenza/en/index.html

THANK YOU

JoAnne Knapp

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410-767-3647

Pan Flu & Us: Linking Home Care and Public Health

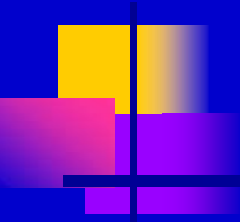
Are You Ready for Pandemic Flu?



Montgomery General Hospital
Boyer Learning Center

March 12, 2008

Public Health and Home Care: Planning Together



Katherine (Kay) A. Aaby, MPH, BSN, RN
Public Health Preparedness and Response Program
Department of Health and Human Services
Montgomery County, Maryland

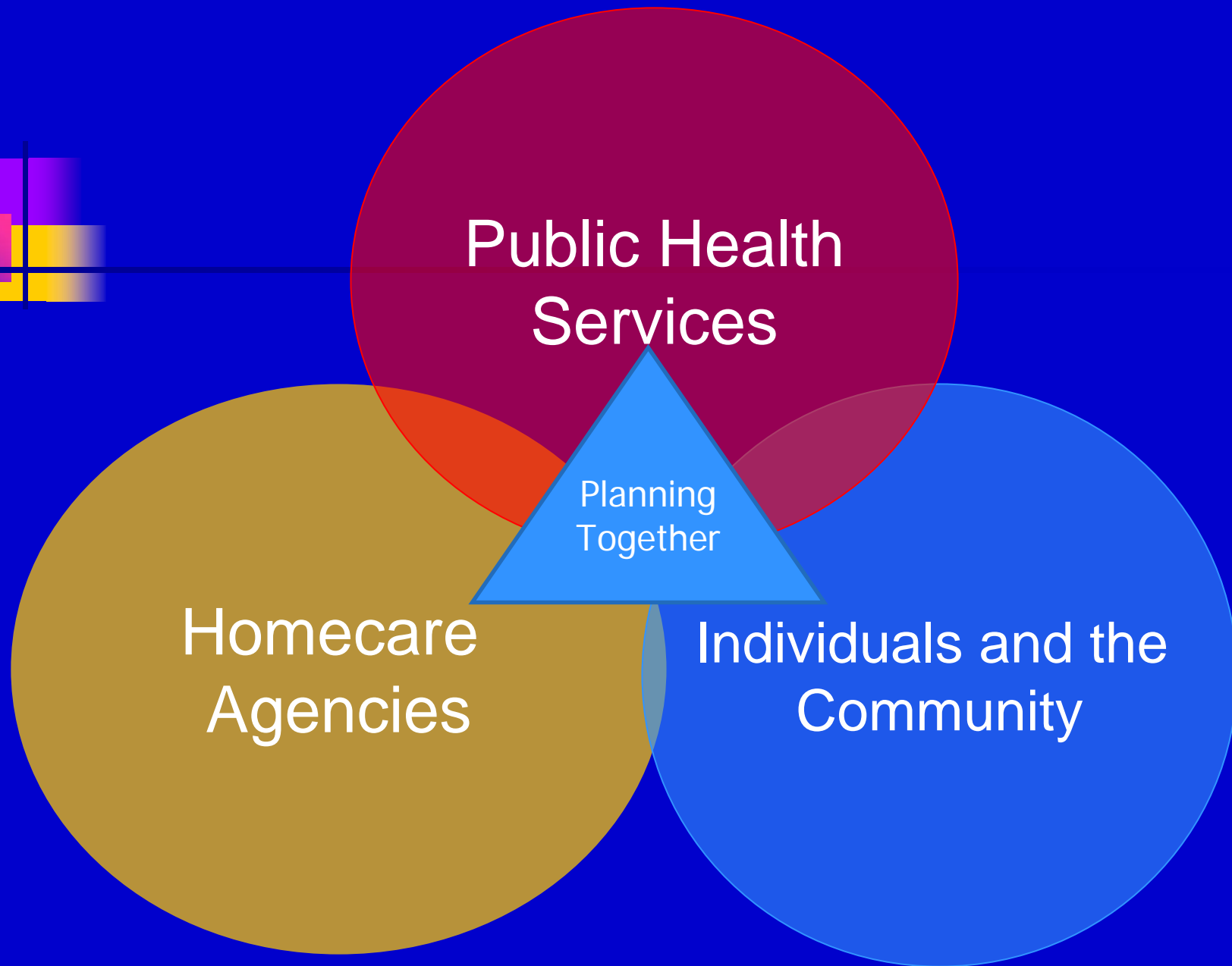
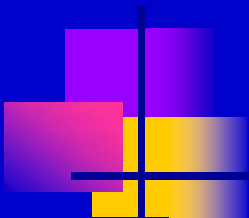
March 12, 2008



Objectives

Participants will be able to:

- Describe the role of Public Health Services for a Pandemic Influenza
- Discuss the role of Home Care & Residential Service Agencies for a Pandemic Influenza
- Identify how Public Health Services and Home Care & Residential Service Agencies can collaborate to prepare for a pandemic influenza
- Identify tools and resources to help prepare yourself, clients and agency for a pandemic influenza





What is Public Health?

Public Health: The approach to medicine that is concerned with the health of the community as a whole. Public Health is community health. It has been said that: "Health care is vital to all of us some of the time, but public health is vital to all of us all the time."



Some Achievements

- Vaccination
- Control of infectious diseases
- Safer and healthier foods
- Recognition of tobacco use as a health hazard

www.cdc.gov



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graph TD; A[Montgomery County Local Government] --> B[Department of Health and Human Services]; B --> C[Public Health Services]; C --> D[Emergency Preparedness and Response Program];
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Montgomery
County Local
Government

Department of
Health and Human
Services

Public Health
Services

Emergency
Preparedness and
Response Program



Public Health Services

- Montgomery County:
 - School Health Services
 - Communicable Disease & Epidemiology
 - **Emergency Preparedness**
 - HIV/ AIDS
 - STD
 - Immunizations
 - TB Control
 - Dental
 - License & Regulatory Services
 - Assisted Living Facilities Certification
 - Environmental Health
 - Service Eligibility Unit
 - Community Health



Public Health Services

- Montgomery County:
 - Approximately 600 staff ranging from:
 - Program Administrative Assistant to Health Officer
 - 50% staff are School Health Nurses and Health Room Aides (10 month employees)
 - 88% Female, 12% Male
 - Average Age: 55



Public Health Challenges

- Climate Change
- Terrorism
- Infectious Diseases

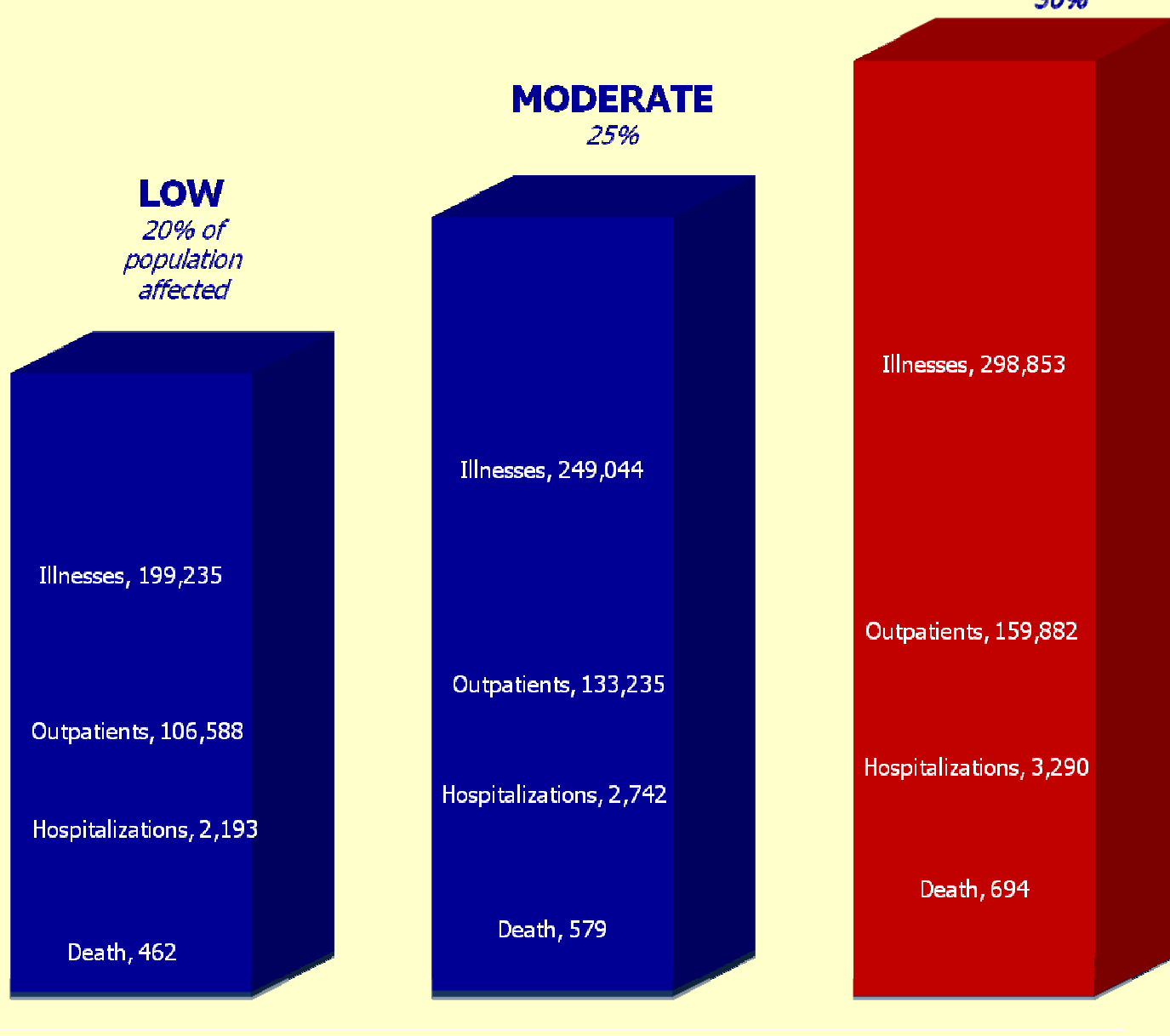
BRACING FOR PANDEMIC FLU

HIGH
30%

MODERATE
25%

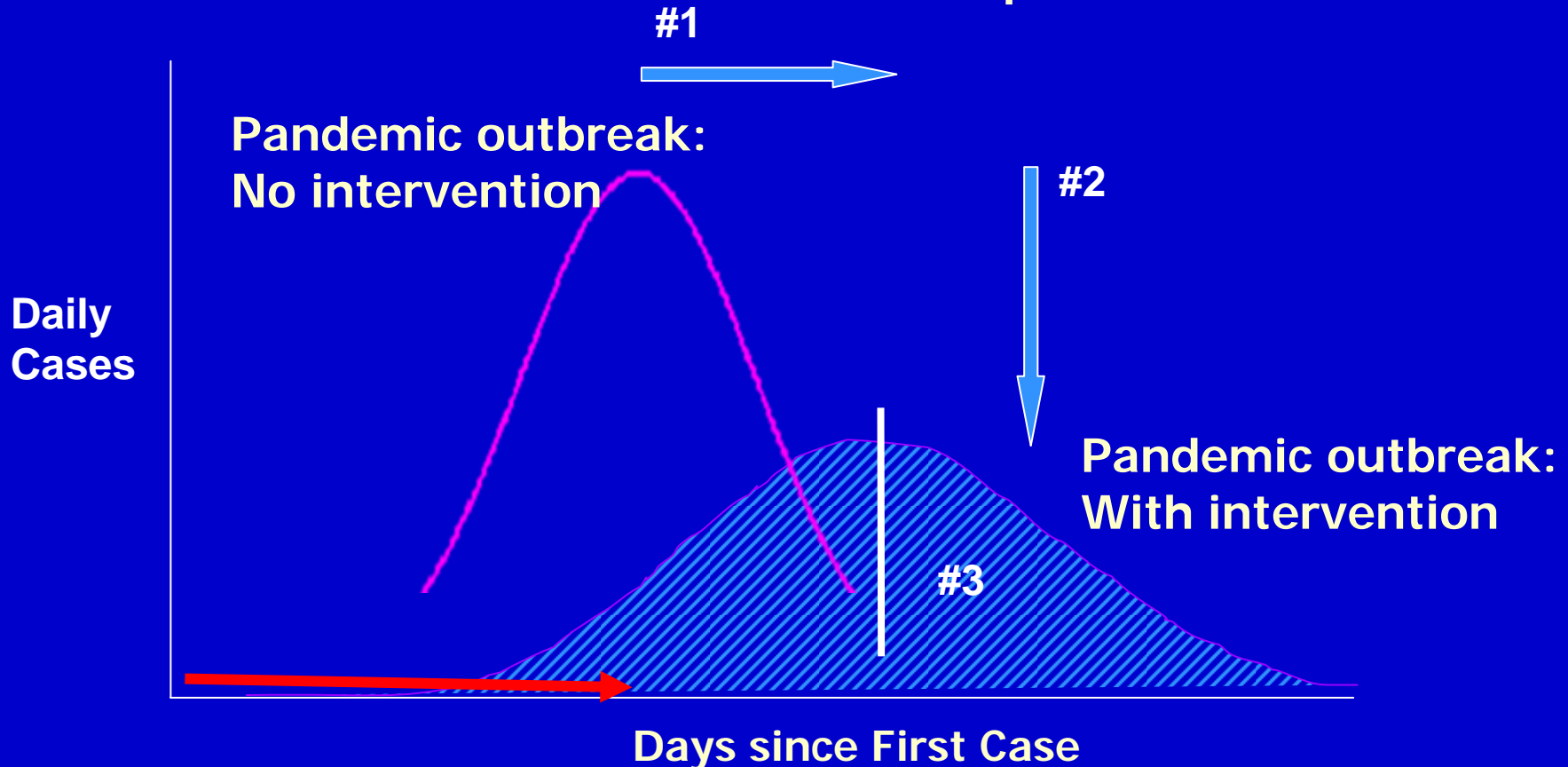
LOW
20% of
population
affected

*Percentage
rates are based
on the county's
population
estimate of
nearly 1 million.*



Community Mitigation

1. Delay outbreak peak
2. Decompress peak burden on hospitals / infrastructure
3. Diminish overall cases and health impacts





Public Health/Pandemic Influenza

- Local public health authorities have the *primary responsibility* for the health of a community during Pandemic Influenza
- Pandemic Influenza is not only the responsibility of Public Health it is a *societal responsibility*



Planning Assumptions

- Expect a reduced workforce
- Plan for months not weeks
- No help from other jurisdictions
- No vaccine initially
- Very limited supply of anti-virals



Public Health Services

- Pre-Pandemic (now!) we are...
- During a Pandemic we will be...
- After a Pandemic we will be...

What is Public Health doing Pre-Pandemic?



- Preparing Pandemic Influenza Plans (such as Isolation & Quarantine Plans)
- Using a Pandemic Severity Index Model
- Providing Education (social distancing, cover your cough or sneeze, clean your hands, staying home when you are sick & annual flu vaccinations)
- Monitoring of Diseases on a Community Level
- Conducting Drills and Exercises

What will Public Health be doing during a Pandemic?



- Staffing Hotlines
- Activating the Medical Reserve Corps
- Implementing Isolation & Quarantine Procedures
- Opening Alternative Care Centers
- Providing Education/Risk Communication
- Continuing with Essential Services
- Dispensing Vaccine and Anti-virals

What will Public Health be doing after a pandemic?



- Evaluating response and lessons learned
- Carrying out recovery activities



Home Care & RSA Providers

- Pre-pandemic (now!) you are...
- During a pandemic, you'll be ...
- After a pandemic, you'll be...

What is Homecare doing Pre-Pandemic?



- Developing your agency's business continuity plan (patient tracking, back-up lists of patients receiving care, inventory of resources, obtaining medical supplies, stockpiling supplies, etc.)
- Developing personal & family preparedness plans
- Educating staff & clients (attending trainings, sponsoring in-house trainings, etc.)
- Signing up for e-mail alerts from the county
- Exploring the use of technology for monitoring patients

What will Homecare be doing Pre-Pandemic?



- Refining your infection control policies & procedures - reinforcing "wash your hands/cover you cough" messages
- Developing priority lists for care when delivery of care is limited
- Preparing your clients and their families (Checking BP, basic care, etc.)
- Forming key partnerships with other agencies especially Public Health

What will Homecare be doing during a Pandemic?



- Listening to & following instructions from Public Health Officials
- Assessing employees & clients for flu symptoms
- Practicing excellent infection control measures
- Carrying out standard, contact, eye and airborne precautions
- Providing basic “tea & toast” level of care to sick individuals and families (may be called upon to provide care for patients who do not require hospitalization for pan flu, or for whom hospitalization is not an option because hospitals have reached their capacity to admit patients)

What will Homecare be doing during a Pandemic?



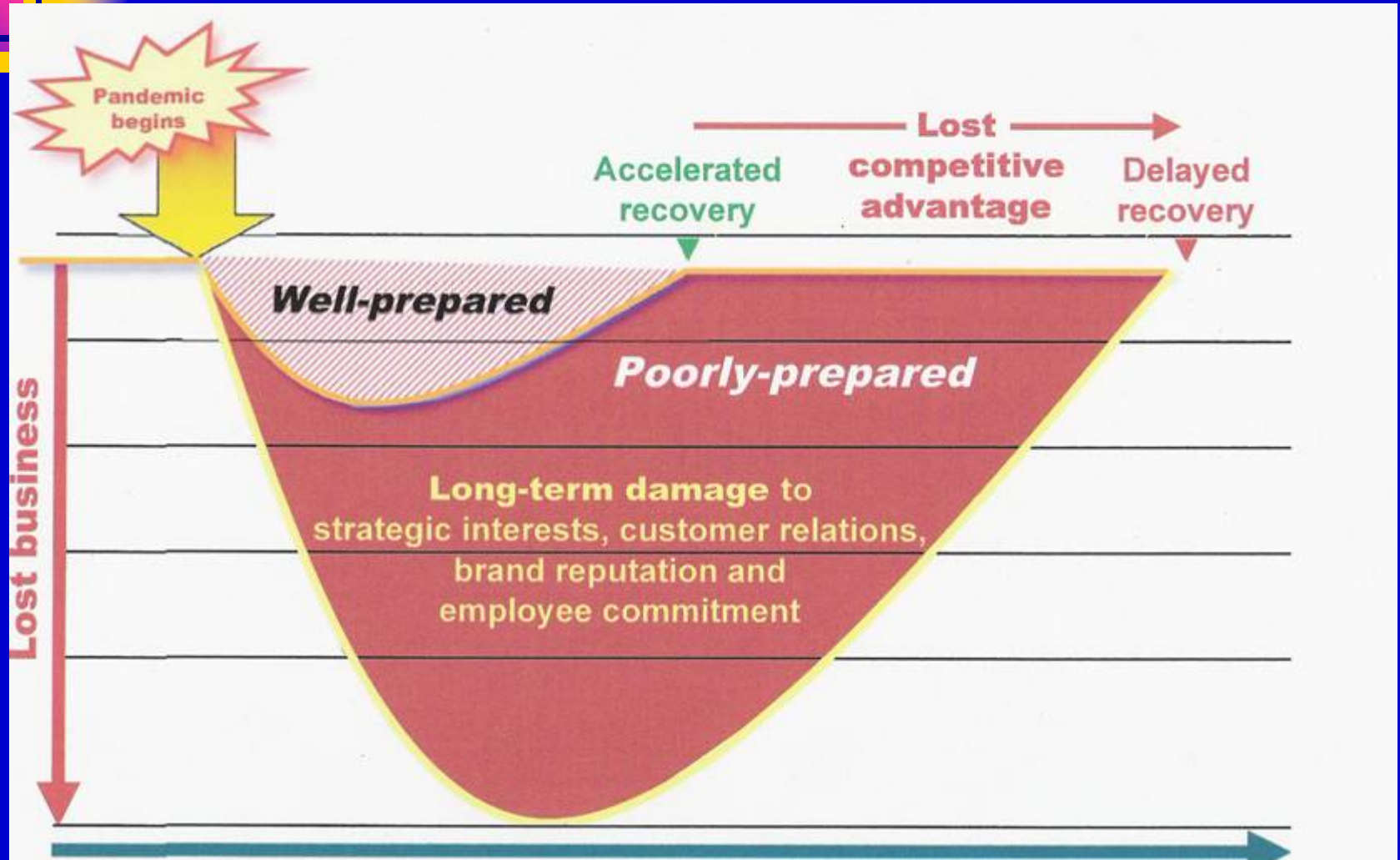
- Referring sick clients to designated care sites (when and if open)
- Dealing with deaths on site, following instructions from Public Health Officials
- Working with your pre-arranged partners for materials and equipment
- Communicating with local emergency responders

What will Homecare be doing after a Pandemic?



- Evaluating response and lessons learned
- Recovering operations and resuming normal operations post pan flu

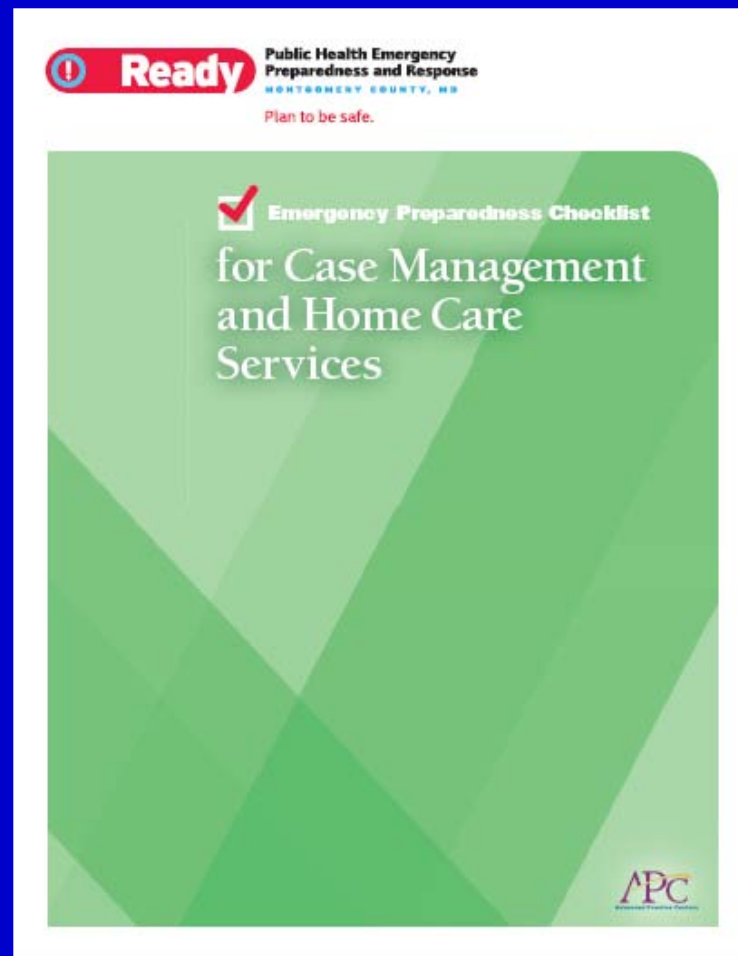
Capture the Competitive Advantage by Acting Now



Tools and Resources



Emergency Preparedness Checklist for Case Management and Home Care Services



Plan to Be Safe Preparedness Materials

Ready Public Health Emergency Preparedness and Response
MONTGOMERY COUNTY, MD

Plan to be safe campaign

- Start a conversation
- Make a plan
- Make a kit using

A simple guide to the nine essential items to help you shelter-in-place in the event of an emergency.

Plan 9

Ready **Montgomery**
Emergency Preparedness and Response
Plan to be Safe.

Everybody Ready.

Disaster preparedness for individuals

Ready **Montgomery**
Emergency Preparedness and Response
Plan to be Safe.

A simple guide to the nine essential items to help you shelter-in-place in the event of an emergency.

Plan 9

Ready **Montgomery**
Emergency Preparedness and Response
Plan to be Safe.

Plan 9

You can do this!
Collect these nine essential items to help you shelter-in-place in the event of an emergency.

1 Water One gallon per person per day	2 Food Non-perishable food for at least a week	3 Clothes One change of clothes per person
4 Medications Two days' worth of prescription medications	5 Flashlight A bright flashlight with extra batteries	6 Can Opener Manual or electric (if you have a power source)
7 Radio Recommended: battery-powered or hand-cranked	8 Hygiene Items Toilet paper, soap, toothbrush, toothpaste, and other necessities	9 First Aid A kit for treating injuries and illnesses

Done!

For more information about emergency preparedness, contact:

Montgomery County, MD	montgomerycountymd.gov
American Red Cross	redcross.org
Center for Disease Control	cdc.gov
Disaster-Ready	disasterready.gov
National Emergency Management Agency	nema.gov
U.S. Department of Homeland Security	ready.gov

APC

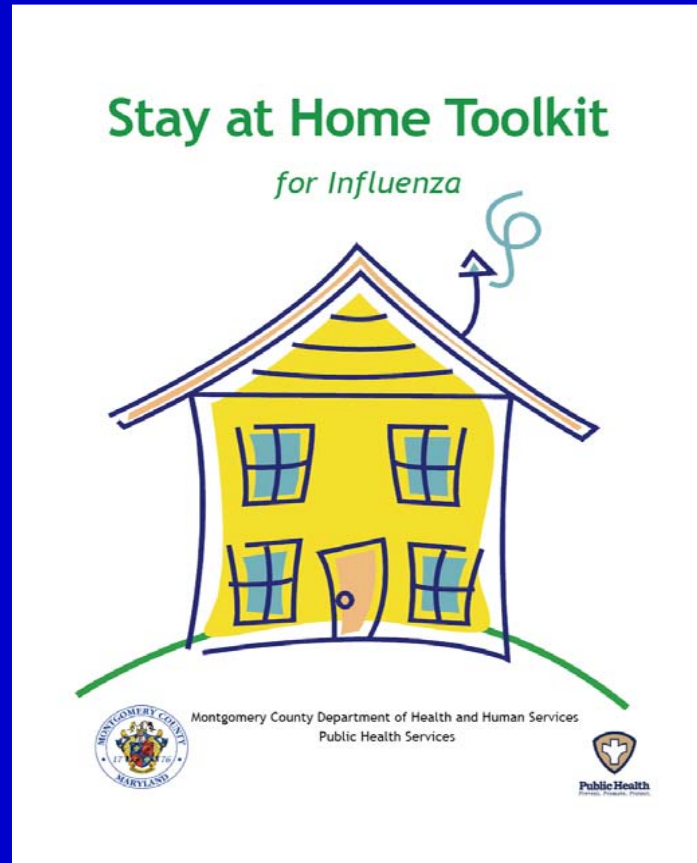
© 2010 American Red Cross. All rights reserved. 10-1010-1010



Plan to Be Safe Materials-available in the following languages

- Cambodian
- Chinese
- English
- Farsi
- French
- Korean
- Russian
- Spanish
- Vietnamese

Stay At Home Toolkit for Influenza



COOP Tip Sheet

Ready Tip Sheet

Building a Continuity of Operations Plan (COOP)

Identifying and Prioritizing Critical Health Services



The Background

A MONTGOMERY COUNTY PERSPECTIVE

Building a Continuity of Operations Plan (COOP) is an important process in emergency preparedness and response planning. A COOP offers guidance for local health departments on practices that will continue critical services with a limited number of staff, as well as the shifting of staff from non-critical services to other job functions. Overall, a COOP facilitates the performance of a health department's functions during an emergency or other situation which may interrupt normal services.

During the spring of 2007 the Communicable Disease & Epidemiology Program of Public Health Services of the Montgomery County, Maryland Department of Health and Human Services undertook the development of a segment of a COOP. Communicable Disease & Epidemiology was the first section in Public Health Services to assume the task of identifying and prioritizing critical services. The Montgomery County Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response developed this tip sheet to share experiences with other local health departments as they develop their own plans.

Continuity of Operations Plan (COOP) Chart

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Phase 8
Create plans & procedures that address all-hazards assumptions	Identify critical functions and services	Identify key personnel and orders of succession	Provide data support systems/vital records	Identify alternate facilities	Identify communication systems and emergency contact information	Reinforce by education, training and exercise programs	REVIEW COOP ANNUALLY



A Tip Sheet from the
Montgomery County, Maryland,
Advanced Practice Center

Pandemic Influenza Power Point Presentation Guide

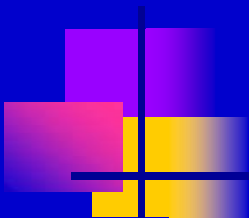
Avian Influenza and Pandemic Influenza Presentation Guide

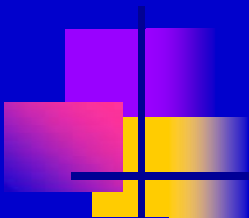




Tools and Resources

- Tools:
 - www.montgomerycountymd.gov/apc
- Stay At Home Toolkit:
 - www.montgomerycountymd.gov/pandemicflu
- Emergency Notification:
 - www.alert.montgomerycountymd.gov
- Medical Reserve Corps:
 - activ.montgomerycountymd.gov

- 
- Contact Information for Kay Aaby
 - Kay.Aaby@montgomerycountymd.gov
 - 240-777-1240



*“Coming together is beginning,
Keeping together is progress,
Working together is success.”*

-Henry Ford

Pan Flu & Us: Linking Home Care and Public Health

Are You Ready for Pandemic Flu?



Montgomery General Hospital
Boyer Learning Center

March 12, 2008



Ready

**Public Health Emergency
Preparedness and Response**

MONTGOMERY COUNTY, MD

Plan to be safe.



Emergency Preparedness Checklist

for Case Management and Home Care Services



Emergency Preparedness Checklist

Case management personnel comment on emergency planning:

“90% of my clients feel comfortable with their emergency plans—if they had to evacuate. Most, if not all, have extra food, water, medications and hygienic materials to handle several days in place [in part, as a consequence of this exercise].”

—Case Manager

“Planning ahead with your staff and clients makes good sense so you are prepared in case of inclement weather or a biohazard event. Our clients are now more aware and prepared to shelter in place as a result of this effort by our case managers.”

—Supervisor of Case Management Program

GOALS AND USES

The Montgomery County, Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response is pleased to provide public health professionals with this Emergency Preparedness Checklist. The Checklist is designed to ensure that clients receiving home care and case management services have a conversation, develop an emergency plan, and gather a three days or more supply of nine essential items in preparation for an emergency event.

The tool has been proven to be useful for:

- Integration of emergency preparedness into every day public health practice
- Preparation of vulnerable populations
- Measurement of personal preparedness

Although case management and home care services vary by jurisdiction, public health professionals and local, state, and federal agencies can view the Checklist as a template that is readily adaptable to their needs and uses. Needs may vary depending upon the vulnerable population being served.

BACKGROUND



Public Health and Aging and Disability Services of Montgomery County, Maryland Department of Health and Human Services developed a Checklist for case managers, certified nursing assistants (CNAs), and other home care personnel as part of a broader planning and education effort to integrate emergency preparedness into daily public health functions and to prepare vulnerable populations. Through a Montgomery County Committee on Vulnerable Populations and Emergency Preparedness, the need was identified to help prepare vulnerable populations for emergency events. Research has found that public health agencies that have made preparedness more a part of every day public health functions, have improved public health preparedness overall.¹ The Department of Health and Human Services, Aging and Disability Services, Home Care Program and Social Services to Adults Program, and the Public Health Emergency Preparedness and Response Program assembled a workgroup to develop a tool to integrate preparedness into its every day case management and home care services as a means to increase preparedness among vulnerable populations.

1 Lurie, N., Wasserman, J., and Nelson, C. (2006). Public health preparedness: Evolution or revolution. *Health Affairs*, 25(4), 935-945.

The Home Care Program provides certified nursing assistant services to vulnerable populations such as: frail seniors, adults with disabilities, adults and families with children at risk for abuse and neglect. Services may include but are not limited to: personal care (bathing) assistance and/or chore services (light housekeeping, laundry, shopping, meal preparation, etc.).

The workgroup developed an Emergency Preparedness Checklist to assess the effectiveness of case managers and the CNAs in assisting clients served by the Home Care Program to develop an emergency plan and obtain a three days supply of nine essential items necessary for an emergency event. These steps are based upon Montgomery County's *Plan to Be Safe* Campaign. (www.montgomerycountymd.gov/apc)

EFFECTIVENESS

The workgroup pilot tested the Emergency Preparedness Checklist with case managers and CNAs who were merit county employees. A “train the trainer” session was provided for the target staff on the fundamentals of Montgomery County's *Plan to Be Safe* Campaign by the Public Health Emergency Preparedness and Response Program. The CNAs completed the Checklist for each client and participation was voluntary. Clients who

Continued inside back cover ➤



Emergency Preparedness Checklist

for Case Management and Home Care Services

CLIENT INFORMATION

Name	
Address	
Phone	
Email	

OTHERS IN HOUSEHOLD

Name	Age	Relationship
1		
2		
3		
4		
5		

CASE MANAGER INFORMATION

Name	
Phone	Email
Date Initiated	



See Tips on Using This Checklist inside the back cover for some helpful hints

1 2 3 Emergency preparation is a three-step process that *anyone* can—and should—do.

1 Have a conversation

- 1 Why plan for an emergency? (peace of mind • safety • survival)
- 2 Talk about the most likely events. (disease • fire • flood • weather • mass transit accident • HAZMAT spill • terrorism)
- 3 Where to meet? (friend • relative • landmark • in town • out of town)
- 4 Will you stay or go? (go to a shelter • shelter-in-place • another safe place)
- 5 Child care? (by whom • where • their needs)
- 6 Pet care? (by whom • where • their needs)
- 7 Elder care? (by whom • where • their needs)
- 8 Additional needs? (medications • children's needs • other family members who need special assistance)



2 Make a plan**PERSONAL INFORMATION**

Name

Address

Phone

Cell Phone

Birth Date**LOCAL CONTACT**

Name

Relationship

Address

Phone

Cell Phone**OUT-OF-STATE CONTACT**

Name

Relationship

Address

Phone

Cell Phone**NEAREST RELATIVE**

Name

Relationship

Address

Phone

Cell Phone**PETS CARED FOR BY**

Name

Address

Phone

Cell Phone**MEETING PLACES**

Outside your home

Outside your neighborhood**MEDICATIONS**

3 Make a kit

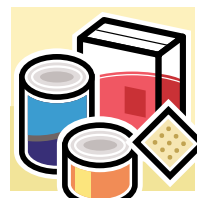


The Nine Essential Items for Emergency Preparedness

1 Water



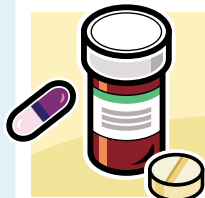
2 Food



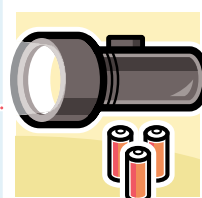
3 Clothes



4 Medications



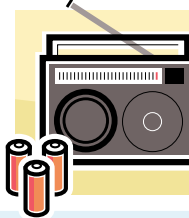
5 Flashlight



6 Can Opener



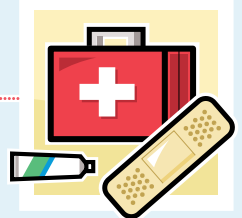
7 Radio



8 Hygiene Items



9 First Aid



[Contact • Date] 1ST CONTACT • _____ 2ND • _____ 3RD • _____ 4TH • _____

1 Water (one gallon per person per day for three days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Food (non-perishables, canned or packaged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Clothes (one change of clothes and footwear per person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Medications (three days worth of medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Flashlight (and extra batteries—no candles!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Can Opener (manual, not electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Radio (battery powered or hand crank powered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hygiene Items (basics like soap, toilet paper, toothbrush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 First Aid (antiseptic, bandages, non-prescription medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes

Use this section to include additional important information about the client and his/her emergency plan. For example:

Extra items to consider when helping your client plan for an emergency:

- ☐ Batteries for hearing aids, implants, TTY and light phone signaler
- ☐ Laptop power converter (hooks up to a cigarette lighter)
- ☐ Eyeglasses and hearing aid batteries
- ☐ Wheelchair batteries
- ☐ Cane or walker
- ☐ Charcoal mask and/or respirator for those with respiratory illnesses
- ☐ Emergency supply of oxygen and extra respiratory equipment, tubing, solutions, medications, etc.
- ☐ Medical supplies (i.e., bandages, ostomy bags or syringes, and IV and feeding tube equipment)
- ☐ A lightweight manual wheelchair
- ☐ Leash or harness and I.D. tags for service animals and pets with home telephone number and out of town contact person
- ☐ A talking or Braille clock or large print timepiece with extra batteries, for those who are blind or low vision
- ☐ A battery-operated television set for those who are deaf and hard of hearing
- ☐ Other supplies needed depending on special considerations and special needs



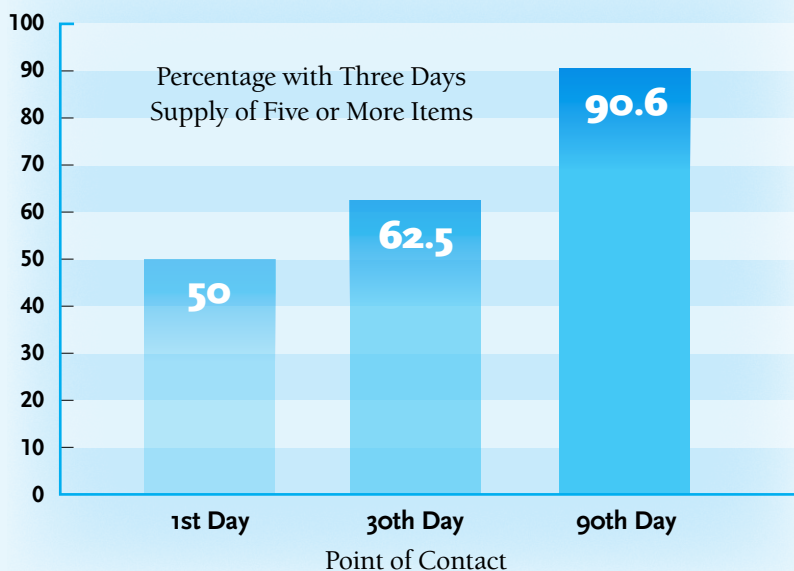
► Continued from inside front cover

were clinically unable to participate were not included in this pilot, but are part of a separate plan. In some instances case managers assisted the client's primary caregiver and/or family member to create a family emergency plan.

The results of the pilot found at baseline, on the first day of contact, 50 percent of the home care clients had a three days supply of five or more items. At the end of the 30th day, 62.5 percent of clients had a three days supply of five or more items, and at the end of the 90th day, 90.6 percent of clients had a three days supply of five or more items. The total number of clients in the pilot was 32. (See graph). A battery operated radio and a first aid kit were the most difficult for clients to obtain, with costs cited as being the primary barrier. Many clients chose not to have all the items in one location. CNAs also reported that some clients were in denial of the possibility that an emergency event would occur. Strategies developed by the workgroup to overcome these barriers were: to identify community resources for the radios, to simplify the first aid kit, and to provide additional and ongoing education to clients and family members.

The Home Care Program has incorporated the Emergency Preparedness Checklist into its case files. The Checklist will be reviewed with new clients the first day and 30th day of service, and will be reviewed subsequently twice a year. The Checklist allows the CNAs and case managers to assess each client's level of personal preparedness and to identify needs or barriers. Semi-annually, case managers document that the plan has been reviewed and discussed with the family. Although the Checklist was piloted primarily with older and disabled adults, it can be modified to meet the needs of other vulnerable populations receiving case management and home care services. Montgomery County Department of Health and Human Services, Public Health Services plans to integrate the Checklist into other service areas such as maternal and child health and chronic disease case management.

Case Management Emergency Preparedness Checklist Pilot Results



DIRECTIONS

The Checklist is designed to be cut and/or copied and directly inserted into a client's chart.

TIPS FOR USING THIS CHECKLIST

► Know the population

Be familiar with the vulnerable populations. Identify specific needs that they may have during an emergency event. For example, infant formula for babies; batteries for hearing aids for older adults.

► Match materials to the client

Select educational materials appropriate for the needs of the client. Materials that are simple, easy to understand, and in a format appropriate to the population being served (i.e., language, large print) are recommended. In some instances, case managers and others may want to provide copies of the forms to the client. The Montgomery County APC's *Plan to Be Safe* Campaign materials are available to download at <http://www.montgomerycountymd.gov/apc>.

► Find the right partners

Identify community partners who may be willing to provide items that are too costly or too complicated for clients to put together. These partners could include groups from churches, schools, youth groups, or other service organizations.

In 2004 Public Health Services of the Montgomery County, Maryland Department of Health and Human Services became one of the first 11 public health agencies in the nation to be recognized as Public Health Ready by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The county is home to one of eight Advanced Practice Centers for Public Health Preparedness (APCs) funded by NACCHO through the CDC. The Montgomery County APC developed the Emergency Preparedness Checklist in conjunction with the county's Aging and Disability Services Program, Home Care Program and Social Services to Adults Program.

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Contact Information

**Montgomery County Advanced Practice Center
for Public Health Emergency Preparedness
and Response**

Phone 240-777-3038

Website www.montgomerycountymd.gov/apc

Stay at Home Toolkit

for Influenza



Montgomery County Department of Health and Human Services
Public Health Services



Public Health
Prevent. Promote. Protect.

Stay at Home Toolkit

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Additional Resources are also listed on the back cover of the Toolkit!



Prevention



Prevention

Preventing the Spread of Influenza

Basic Information on what household members can do to prevent the spread of flu.



Prevention

①

Preventing the Spread of Influenza

Preventing the Spread of Influenza (Flu)



Most persons with the flu will be able to remain at home while they are sick. They can care for themselves or be cared for by others who live in the household. This information is intended to help recognize the symptoms of influenza and care for sick persons in the home, both during a typical flu season and during an flu pandemic.

At the outset of an flu pandemic, a vaccine will not be available for several months. However, it's still a good idea to get seasonal flu vaccine (a shot or nasal mist) to protect from seasonal flu viruses. For more information on seasonal flu vaccine in Montgomery County, Maryland please call 240-777-1050 or go to www.montgomerycountymd.gov.

Know the *symptoms of Influenza*, which may include:

Sudden onset of illness	Fever higher than 100.4 degree Fahrenheit
Chills	Cough
Headache	Sore throat
Stuffy nose	Muscle aches
Feeling of weakness	Diarrhea, vomiting, abdominal pain and/or exhaustion occur more commonly in children

Prevent the Spread of Illness in the Home

Flu can spread easily from person to person therefore, anyone living in or visiting a home where someone has influenza can become infected. For this reason, it is important to take steps to prevent the spread of flu to others in the home.

What Caregivers Can Do

Caregivers need to separate flu patients from other people as much as possible. When practical, the sick person should stay in a separate room away from other persons. Other people living in the home should limit contact with the sick person as much as possible. One person in the household should be the main caregiver for the sick person. Ideally, this caregiver should be healthy and not have medical conditions that would put him or her at risk of severe influenza disease.

Medical conditions as much as considered "high risk" include the following:

Pregnancy	Diabetes
Heart problems	Kidney Disease
Disease or treatment that suppresses the immune system	Age over 65
Chronic lung diseases	

(continued)

Prevention

①

Preventing the Spread of Influenza

Watch for Influenza Symptoms in other Household Members

If possible, contact your health care provider if you have questions about caring for the sick person. However, it may be difficult to contact your usual health care provider during an influenza pandemic. The Montgomery County Public Health Services website (www.montgomerycountymd.gov) will provide frequent updates, including how to get medical advice. If special telephone hotlines are used, these numbers will also be on the website and announced through the media.



Wearing surgical masks (with ties) or procedure masks (with ear loops) may be useful in decreasing spread of influenza when worn by the person and/or caregiver during close contact (within 3 feet). If masks are recommended by Montgomery County Public Health Services, to be useful they must be worn at all times when in close contact with the person with the flu. Throw away masks after each use. Wearing gloves and gowns **are not** recommended for household members providing care in the home.

What everyone in the Household can do:

- Wash hands with soap and water, or if soap and water is not available, use an alcohol-based cleanser/hand sanitizer (like Purell® or a store-brand) after each contact with a person with the flu or with objects in the area where the person is located.
WASHING YOUR HANDS IS THE SINGLE BEST PREVENTIVE MEASURE FOR EVERYONE IN THE HOME.
- Do not touch your eyes, nose or mouth without first washing your hands for 20 seconds (sing *Happy Birthday* twice). Wash hands before and after using the bathroom.
- Wash dirty dishes either in a dishwasher or by hand with warm water and soap. It's not necessary to separate eating utensils used by a person with influenza.
- Laundry can be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a person with influenza from other household laundry. Do not hold or carry the laundry close to your body or face, in order to avoid contamination. Wash hands with soap and water after handling soiled laundry.
- Place tissues used by the sick person in a bag and throw it away with other household trash. Consider placing a bag at the bedside for this purpose.
- Clean counters, surfaces and other areas in the home regularly using everyday cleaning products.

(continued)

Prevention

①

Preventing the Spread of Influenza

Prevent the Spread of Illness in the Community

Stay at home if you are sick. Sick persons should not leave the home until they have recovered because they can spread the infection to others.

In a typical flu season, people with the flu should avoid contact with others for about 5 days after exposure to the illness. During an influenza pandemic, public health authorities will provide information on how long persons with the flu should remain at home.



You and your loved ones may want to use the Internet as a primary resource. The Internet can serve as a link to outside resources such as: up-to-date information on influenza, medical and social services, and access to food delivery services. The Internet will help reduce the spread of influenza, by allowing sick persons to stay at home. If the sick person must leave home (such as for medical care), he or she should wear a surgical or procedure mask, if recommended, and do the following:

- Cover mouth and nose when coughing and sneezing, using tissues or the crook of the elbow instead of the hands.
- Use tissues to contain mucous and watery discharge from the mouth and nose.
- Dispose of tissues in the nearest waste basket after use or carry a small plastic bag (like a zip-lock bag) for used tissues.
- Wash hands with soap and water or use an alcohol-based hand cleanser after covering your mouth for a cough or sneeze, after wiping or blowing your nose and after handling contaminated objects and materials, including tissues.
- During an influenza pandemic, only people who are there to care for or support should enter a home where someone is sick with pandemic influenza unless they have already had influenza.
- If other persons must enter the home, they should avoid close contact with the person and use the infection control precautions recommended on this sheet.

Sources: This guidance is based on current information from the Montgomery County, MD Department of Health and Human Services Pandemic Influenza Plan and is subject to change. This document was adapted and reprinted with permission of Public Health - Seattle & King County, WA.

Prevention

Cover Your Cough

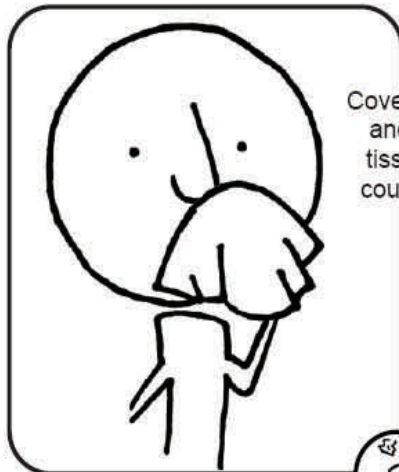
Techniques everyone can use to limit the spread of infection when you cough or sneeze.



Cover your Cough

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or

cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.



Wash with soap and water

or clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota
Antibiotic
Resistance
Collaborative



Prevention

Maintain a Healthy Mind and Body

Important information on how to keep yourself and others mentally and physically healthy during influenza.



Maintain a Healthy Mind and Body

Things to remember when trying to understand an influenza outbreak or pandemic:

- It is normal to worry about yourself and your family's safety.
- Everyone is touched by an influenza outbreak or pandemic.
- Grief and anger are normal reactions.
- Focusing on your strengths will help you heal.
- Everyone has different needs and different ways of coping.

Common reactions that may occur during an influenza outbreak or pandemic could be:

- Difficulty talking, sleeping, walking, and concentrating
- Increased irritability
- Depression, sadness, mood swings, and crying easily
- Feelings of helplessness
- Worries about loss of income and job protection, especially if asked to stay at home for an extended period of time
- Concerns about those who depend on you for care
- Fears of separation from life activities
- Feeling a lack of control, especially when control is entirely in the hands of others
- Increased boredom



How to keep healthy when staying at home:

- Learn as much as you can about influenza, and be aware of normal reactions during a flu outbreak or pandemic.
- Keep to your usual routine, as much as possible.

Prevention

③

Maintain a Healthy Mind and Body

- Have activities on-hand that can prevent boredom (games, toys, etc.) and keep your mind active.
- Contact a mental health professional or call the Montgomery County Crisis Center (240-777-4000) before, during, and after an influenza outbreak or pandemic, if self help strategies are not helping or if you find that you are using drugs/alcohol in order to cope.
- Keep your living space as comfortable as possible.
- Get plenty of sleep, try to exercise, eat healthy, and relax.
- Establish a family emergency plan that includes where to meet if you become separated, and important phone numbers.



Pay Special Attention to Children

- Let children know it is okay to feel upset when something scary happens.
- Encourage children to express feelings and thoughts, without making judgment.
- Enjoy your child and take part in activities together.
- Turn off the TV and radio, especially if the news makes you worried. If you are worried your child can sense it.

Sources:

Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration. ZERO TO THREE: *Little Listeners in an Uncertain World*, www.zerotothree.org/coping. Myers, D. G. (1985).

Helping the helpers: A training manual. In D. M. Hartsough & D. G. Myers (Eds.), *Disaster Work and Mental Health: Prevention and Control of Stress Among Workers* (DHHS Publication No. ADM 85-1422, pp. 45-149). Rockville, MD: NIMH. Flynn, B (1987).

Returning home following disaster work. In *Prevention and Control of Stress Among Emergency Workers: A Pamphlet for Team Managers* (DHHS Publication No. ADM 90-1497, pp. 6-9). Rockville, MD: NIMH.

Prevention

How to Use a Thermometer

Steps on using an oral digital thermometer that everyone should know.



How to Use a Thermometer

Use a digital thermometer, with numbers, not the old kind of thermometer with mercury (a silver or red line). Old thermometers that contain mercury are a danger to the environment and to human health and should be disposed of properly. Please contact Montgomery County's Division of Solid Waste Services at 240-777-6400 for directions on how to dispose of your old thermometers.



Oral Use (basic digital thermometer only)

- Place the end of the thermometer well under the tongue. The mouth should remain closed. Do not bite the thermometer.
- When you hear "beep" sounds remove the thermometer from the mouth.
- Read the numbers on the screen. Normal temperature is 98.6 degrees.

Underarm Use

- Place the end of the thermometer in the armpit so that the probe touches the skin. Hold the arm next to the body.
- When you hear "beep" sounds take out thermometer.
- Read the numbers on the screen. Normal temperature is 98.6 degrees.

Note: Rectal use is recommended for babies and young children. Instructions for this method are in the thermometer package. There are times when you may have to take an adult's temperature rectally.

How to clean the thermometer

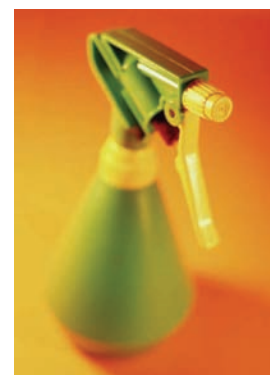
- Use alcohol wipes or a cotton ball (saturated with 70% Isopropyl Alcohol or Rubbing Alcohol).
- Rub the alcohol wipe over the entire thermometer.
- Dry the thermometer with a clean dry cloth or cotton ball.
- NEVER return an unclean thermometer to the storage case.

Note: If taking many temperatures use a plastic cover for the end of the thermometer. DO NOT reuse thermometer covers.

Formula for Disinfection

It is important to clean surfaces such as counters, toilets and sinks, railings, telephones, computer keyboards and mouse, remote controls, and other common surface areas in your house.

Disinfectant	Recommended Use	Precautions
<p>Household bleach may be used in a 1 to 10 ratio with water. For example, to make approximately 1 quart of disinfectant: mix 1/3 cup bleach with 3 and 1/3 cups water.</p> <p>To protect the disinfectant properties of bleach, store it in an opaque container, avoid exposure to sunlight. Remix daily for maximum effectiveness.</p> <p>Clorox® surface spray is a good pre-mixed alternative.</p> <p>Surface disinfecting wipes are also a suitable substitute.</p>	<p>Disinfection of material contaminated with blood and body fluids.</p>	<p>Should be used in well-ventilated areas.</p> <p>Gloves and protective clothing required while handling and using undiluted bleach.</p> <p><u>DO NOT</u> mix with strong acids or ammonium based products to avoid release of noxious fumes.</p> <p>Corrosive to metals.</p>
<p><u>Alcohol:</u> E.G. Isopropyl (rubbing alcohol) 70% or ethyl alcohol 60%.</p> <p>Purell® or a similar waterless antibacterial hand hygiene cleaner may be used for hand hygiene purposes.</p>	<p>Smooth metal surfaces, tabletops, and other surfaces on which bleach cannot be used.</p>	<p>Flammable and toxic. To be used in well-ventilated areas. Avoid inhalation.</p> <p>Keep away from heat sources, electrical equipment, flames and hot surfaces.</p>



Prevention

Influenza Stay at Home Toolkits

*A list of suggested items that should
be in an emergency toolkit.*



Influenza Stay At Home Toolkits

List of recommended items for people to include in their emergency kits at home:



- **Thermometer (digital preferred)**—information on taking your temperature and cleaning a thermometer is included in this kit.



- **Alcohol wipes or cotton balls that are saturated with 70% Isopropyl Alcohol or Rubbing Alcohol** (to clean the thermometer)
- **Fever Reducing Medication** (Motrin®, Advil™, or Tylenol™)—take as directed by a physician.



- **Juices & liquids**—hydration is important!
- **Bleach**—formula for disinfection is included in this kit
- **Plastic/Paper utensils, plates, cups, and napkins**—to avoid the need to wash dishes used by person (s) with influenza.



- **Tissues**—in order to contain respiratory secretions. Dispose in nearest waste basket after use.



- **Soap and water**—for handwashing
- **Hand Sanitizer (like Purell®)**—to be used if handwashing facilities are not available.
- **Trash bags**—to dispose of waste products (e.g., tissues, plastic and paper products).
- **Surgical (with ties) or Procedure Mask (with ear loops)**, one for each person in the household—use only if instructed to do so by Montgomery County Public Health Services (who will be notified by the Centers for Disease Control and Prevention).
- **List of Internet resources for possible delivery of goods and services to your home** (e.g., groceries, medical products)

Caregiving

Care for Families, Friends, Neighbors and Pets



Caregiving

How to Care for Someone with Influenza

Tips and suggestions on methods to care for someone who has the flu.



Caregiving



How to Care for Someone with Influenza

During a severe influenza outbreak or pandemic, when people are infected worldwide, the media and healthcare providers will tell residents of Montgomery County how to obtain medical advice and care. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider.

Monitoring and Comforting

Keep a care log. Date, Time, What Observed. Record the following information about the sick person at least once each day or more often as symptoms change, include the date and time. Please see enclosed care log (Caregiving Sheet #2).

- Check the person's temperature using a digital thermometer
- Check the person's skin for color (pink, pale or bluish) and rash
- Record the approximate quantity of liquids consumed each day and through that night
- Record how many times the sick person goes to the bathroom each day and the color of the urine (clear to light yellow, dark yellow, brown or red)
- Record all medications, dosages and times given

Keep tissues and a trash bag for their disposal within reach of sick person.

Remember that fever is a sign that the body is fighting the infection. It will go away as the person gets better. Sponging with lukewarm (wrist-temperature) water may lower the person's temperature, but only during the period of sponging. Do not sponge with alcohol.

Watch for complications of influenza. Complications are common in individuals with health conditions such as diabetes, heart disease and lung problems, but may occur with anyone who has the flu. If the sick person develops any of the following complications, seek medical attention immediately.

- Difficulty breathing, fast breathing, or bluish color to the skin or lips
- Coughing up blood
- Signs of dehydration (not drinking enough liquids) and cannot take enough liquids
- Difficulty responding or communicating appropriately or appears confused
- Convulsions (seizures)
- Gets worse after appearing to improve
- Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

(continued)

Caregiving

1

How to Care for Someone with Influenza

Medications

Use ibuprofen (Advil™ or Motrin®) or acetaminophen (Tylenol™) or other measures, as recommended by your healthcare provider, for fever, sore throat and general discomfort. **Do not use aspirin in children or teenagers** because it can cause Reye's syndrome, a life-threatening illness.

Liquids and Nutrition

If the person is **not** vomiting, offer small amounts of liquids frequently to prevent dehydration, even if he or she does not feel thirsty. If the sick person is not eating solid foods, include liquids that contain sugars and salts, such as broth or soups, sports drinks like Gatorade® (diluted half and half with water), Pedialyte® or Lytren® (undiluted), ginger ale, cola, and other sodas, but not diet drinks or drinks with high amounts of caffeine. Regular urination is a good sign of hydration.

Recommended minimum daily liquid intake, if not eating solid food:

Young children-1 ½ oz. per pound of body weight per day (multiply 1.5 times the weight of the child). Examples:

- A 10 lb. child needs approximately 15 oz. fluid per day
- A 20 lb. child needs approximately 30 oz. fluid per day

Older children and adults-1 ½ to 2 ½ quarts per day (3-5 8 oz. cups or 2-3 12 oz. cans or bottles)

If the person **is** vomiting, do not give any liquid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear liquid, such as water, weak tea, ginger ale, or broth in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear liquid every 10 minutes. If the person vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear liquid. When there is no vomiting, gradually increase the amount of liquid offered and use liquids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, dry toast, soup, mashed potatoes or rice. Gradually, return to a regular diet.

Babies who are breast-fed and vomiting can continue to nurse. Let your baby nurse more often by breastfeeding for 4-5 minutes every 30-45 minutes or by offering small amounts (1/2 ounce or less at a time) of Pedialyte® or Lytren® on its' own every 10 minutes in a bottle.

(continued)

Caregiving

1

How to Care for Someone with Influenza

Tell the person to avoid drinking alcohol and using tobacco. Do not allow smoking in the house.

Watch for the Following Signs of Dehydration or Not Drinking Enough Liquids:

- Weakness or unresponsiveness
- Decreased saliva/dry mouth and tongue
- Sunken eyes
- Skin tenting or turgor: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into its usual shape right away. If the person is dehydrated, the skin will “tent” or take 2 more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
- Infants: dehydration symptoms would be fewer than 3 wet diapers in the last 24 hours.
- Decreased output of urine, which becomes dark yellow in color from dehydration. Sick persons who are getting enough liquids should urinate at least every 8-12 hours.
- If the sick person is dehydrated, give sips or spoonfuls of liquids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of urine and improvement in the person’s overall condition.

Dehydration in infants and the elderly can be dangerous, seek medical attention immediately if symptoms continue to worsen.

Maintain a Healthy State of Mind

- Keep the sick person as comfortable as possible.
Rest is important.
- Tell your family why people might be asked to stay at home.
- Tell your family that normal reactions to a stressful event are feelings such as: nervousness, grief, anger, sleeplessness, and sadness.
- Contact a mental health professional or call the Montgomery County Crisis Center (240-777-4000) before, during, and after an influenza outbreak or pandemic, if self help strategies are not helping or if you find that you are using drugs/alcohol in order to cope.



For children:

- Let the child know that it is okay to feel upset when something bad or scary happens.
- Encourage the child to express feelings or thoughts, without making judgments.
- Return to daily routines, as much as possible.

Caregiving

Personal Care Log

*A table for tracking a person's health
during the flu.*



Caregiving

2

Personal Care Log

Influenza Care Log

(Copy, fill out and bring log sheets to health care provider visits)

Name_____

Name of health care provider_____

Date	Time	Observations*	Temperature	Medications

*Any symptoms such as coughing, confusion, how the person looks; what the person is doing; liquids or foods taken since last observation.

Caregiving

②

Personal Care Log

Influenza Care Log

(Copy, fill out and bring log sheets to health care provider visits)

Name _____

Name of health care provider _____

Date	Time	Observations*	Temperature	Medications

*Any symptoms such as coughing, confusion, how the person looks; what the person is doing; liquids or foods taken since last observation.

Caregiving

Disaster Preparedness Animal Supplies Checklist

A resource for information on taking care of a pet during an emergency.



Caregiving

3

Disaster Preparedness Animal Supplies Checklist

DISASTER PREPAREDNESS ANIMAL SUPPLIES CHECKLIST

PREPARE YOUR DISASTER KIT TODAY!



FOOD

- Keep at least one week's supply stored in airtight containers
- Rotate food every three months
- Include a can opener, spoon and an extra bowl



WATER

- Keep at least two weeks' supply stored in airtight containers
- Rotate water every two months
- Include an extra bowl



IDENTIFICATION

- Animals should always wear a collar and tag
- Identify your animal permanently with a microchip
- Keep current photos of your animals
- Include yourself in some photos as proof of ownership



FIRST AID/MEDICATION

- Prepare or buy a basic animal first aid kit and book
- Include at least one week's supply of any long-term medications
- Create a collar tag indicating medical needs



CLEANING SUPPLIES

- Prepare a small container of dish soap and disinfectant
- Include several rolls of paper towels and plastic bags

E • A • R • S



**EMERGENCY ANIMAL RESCUE SERVICE
NO ANIMAL LEFT BEHIND!**

Disaster Preparedness Animal Supplies Checklist

DISASTER PREPAREDNESS ANIMAL SUPPLIES CHECKLIST	
SPECIES-SPECIFIC NEEDS	
	BIRDS, REPTILES & RABBITS <ul style="list-style-type: none">- At least one week's supply of cage liners- A long-handled net, heavy towel and blanket- A flashlight and extra batteries- Extra water bottles or bowls- An evacuation cage or carrier
	DOGS <ul style="list-style-type: none">- Pooper scooper and/or small plastic bags- Collapsible crate or kennel- Harness, leash and cable/screw stake
	CATS <ul style="list-style-type: none">- Extra litter box and scooper- One week's supply of litter- Small plastic airline kennel- Harness and leash
	HORSES, SWINE & CATTLE <ul style="list-style-type: none">- Halter and lead rope for each animal- Extra feeding bucket, water trough, salt lick and tie-out rope- Clean garbage cans for large quantities of water- Two weeks' supply of bedding materials- Fence panels to create smaller enclosures- Manure fork



UNITED ANIMAL NATIONS
PO BOX 188890
SACRAMENTO, CA 95818
(916) 429-2457 tel
(916) 429-2456 fax
www.uan.org web
info@uan.org email

Caregiving

Guidance for Employees Returning Back to Work After Influenza Illness

Suggestions for someone recently recovered from the flu and who is able to return to work.



Guidance for Employees on Returning to Work after Influenza Illness

Overview of Influenza (Flu) Virus Symptoms

Flu viruses are spread from person to person primarily through respiratory droplet transmission (for example when an infected person coughs or sneezes in close proximity, normally 3 feet or less, to an uninfected person). The virus may also be spread through contact with infectious or contagious respiratory secretions on the hands of an infected person or by touching objects or surfaces contaminated with the virus.

The typical incubation period, the time between when a person is first exposed to an infectious disease to when signs and symptoms develop, for seasonal influenza is 1-4 days, with an average of 2 days. Adults can be infectious from the day before symptoms begin through approximately 5-7 days after illness onset. Children can be infectious for more than 10 days after the onset of symptoms. Severely immunocompromised persons can be infectious for weeks or months.



Current Criteria for Employees Returning to Work after Seasonal Influenza

Workers who have become sick with the flu should stay at home until all of the following criteria are met:

- At least 5 days have passed since the symptoms of illness began; AND
- Fever has resolved and has not been present for at least 24 hours; AND
- Cough is improving (decreasing in frequency and amount of secretions with no associated chest discomfort or shortness of breath)

Upon returning to the work environment, employees should continue to follow cough etiquette and hand washing protocols. (See *Cover Your Cough*-Prevention sheet #2).

Criteria for Pandemic Influenza

Experts do not know whether the mode of transmission, incubation period, or contagious period of a pandemic flu virus will be similar to those of the regular seasonal influenza. Because of this, employers must be alert to specific recommendations from Montgomery County Public Health Services during an influenza pandemic. Management of illness in the workplace, including when it is safe for workers to return to the work, will be communicated through various media as necessary. For the most current information contact the Montgomery County Public Health Information Line at 240-777-4200 or visit www.montgomerycountymd.gov.

Stay at Home Toolkit

Resources

Montgomery County Government

www.montgomerycountymd.gov

Public Health Information Line 240-777-4200

Crisis Center 24 Hour Hot Line 240-777-4000

American Red Cross

www.redcross.org

Centers for Disease Control and Prevention

www.cdc.gov

The Humane Society of the United States

www.hsus.org

Substance Abuse and Mental Health

Services Administration

www.samhsa.gov



Montgomery County Department of Health and Human Services
Public Health Services



Public Health
Prevent. Promote. Protect.

What Additional Resources Are Available?

Websites

www.pandemicflu.gov One-stop access to U.S. Government avian and pandemic flu information, managed by the Department of Health and Human Services. Website includes general information, planning and response, and other info.

www.ready.gov The U.S. Department of Homeland Security promotes individual preparedness through this website, providing checklists, tips, and other resources.

www.fema.gov/plan Website contains a chart listing the additional steps individuals with disabilities may have to take to protect themselves in an emergency. Website has links to the following publication in .pdf format:

Preparing for Disaster for People with Disabilities and other Special Needs (FEMA 476)

Provides disaster preparedness information specific to people with disabilities and other special needs, including the elderly. (Also available in Spanish.)

www.nod.org/emergency The National Organization on Disability's Emergency Preparedness Initiative (EPI) has been working to ensure that emergency managers address disability concerns and that people with disabilities are included in all levels of emergency preparedness- planning, response, and recovery. Website has an interactive map of disability and emergency preparedness resources.

www.mdod.state.md.us Maryland Department of Disabilities lists statewide resources for people with disabilities and the State Disabilities Plan.

www.aahd.us American Association of Health and Disability's website lists publications on emergency preparedness, including an annotated bibliography of Best Practices in an Emergency.

Publications

Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers. U.S. Occupational Safety and Health Administration. Download at: www.osha.gov.

Public Health Workbook: Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency. U.S. Centers for Disease Control and Prevention. Download at: www.cdc.gov

Personal Disaster Preparedness Guide. Operation Hope (a national organization focused on bringing financial literacy and empowerment to underserved US communities.) Download at: www.operationhope.org/pdpg/.

Gershon, Robyn et al. "Home Health Care Challenges and Avian Influenza," *Home Health Care Management & Practice*, vol. 20, no. 1, pp. 58-69, Dec. 2007. Sage Publications.

Videos

The Department of Homeland Security's Ready Campaign released three videos on the specific steps older Americans, individuals with disabilities and special needs, and pet owners should take to prepare for emergencies. DHS worked with AARP, the National Organization on Disability,

and The Humane Society of the United States to develop these new emergency preparedness resources. To view the videos: go to www.ready.gov/america/about/instructional_index.html.

Pan Flu & Us: Linking Home Care and Public Health
Half-Day Conference, March 12, 2008

EVALUATION

Please rate the extent to which you are now able to meet each of the overall conference objectives by circling the number that best reflects your opinion:

	<u>Low</u>					<u>High</u>
	1	2	3	4	5	
1. Explain the necessity of preparedness for themselves, their agencies and their clients for pandemic influenza.	1	2	3	4	5	
2. Explain to home care clients how to prepare for a pandemic.	1	2	3	4	5	
3. Recognize the potential impact of a pandemic flu on their agencies/ organizations.	1	2	3	4	5	
4. Describe Public Health's role during a public health emergency event such as pandemic flu.	1	2	3	4	5	
5. State how Public Health and Home care can plan together to prepare the community for pandemic flu.	1	2	3	4	5	

Please rate the following by circling the number that best reflects your opinion:

6. Facilities were conducive to learning	1	2	3	4	5
7. Content was relevant to the objectives	1	2	3	4	5
8. Audiovisual/handout materials were effective	1	2	3	4	5

Please respond to the following questions:

9. Did the conference meet your expectations? Yes _____ No _____

Comments: _____

10. Were the speakers well-prepared and knowledgeable? Yes _____ No _____

Comments: _____

11. How will you use the information presented at the conference? _____

12. Is there other information that you believe you need to prepare yourself, your agency and your clients?
Please tell us what that information is. _____

THANK YOU!!

YOU'RE INVITED...



Who:

Home Health, Homecare &
Residential Service Agencies

When:

Wednesday, March 12, 2008

8:30 a.m. – 1:00 p.m.

Where:

The Boyer Learning Center
Montgomery General Hospital
Olney, Maryland 20832

• **Sponsors:**

- Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response
- Maryland National Capital Homecare Association (MNCHA)

PAN FLU & US: LINKING HOME CARE AND PUBLIC HEALTH

Are you ready for pandemic flu? Learn how to prepare yourself, your clients, and your agency

AGENDA

- | | |
|--------------------|--|
| 8:30 – 9:00 a.m. | Registration and Light Breakfast |
| 9:00 – 9:15 a.m. | Welcome
Overview of the Program |
| 9:15 – 10:15 a.m. | The Latest on Avian and Pandemic Flu: Should We Worry in Home Health Care?
Sharon D. Martin, MSN, APRN, BC
Associate Professor of Nursing
St. Joseph's College of Maine
Member of Agency for Healthcare Research and Quality (AHRQ) expert panel on Home Health Care for Pandemic Influenza |
| 10:15 – 10:30 a.m. | Break |
| 10:30 – 11:15 a.m. | How Can I Help My More Vulnerable Clients Prepare for a Pandemic?
JoAnne E. Knapp
Director of Emergency Preparedness Policy
Maryland Department of Disabilities |
| 11:15 – 12 Noon | Public Health's Role in a Pandemic
Kay Aaby, MPH, RN, Program Manager
Montgomery County Advanced Practice Center (APC) for Public Health Emergency Preparedness and Response |
| 12:00 – 1:00 p.m. | Buffet Lunch with Panel
Resources, Toolkit, Problem-Solving
Wrap-Up & Evaluation |

To Register go to:

www.montgomerycountymd.gov/pandemicflu

Space limited to 100! Free Parking!

Certificate of Attendance

Questions?? Please call 240-777-3038



**PAN FLU& US: LINKING HOME
CARE AND PUBLIC HEALTH**

YOU'RE INVITED...



PAN FLU & US: LINKING HOME CARE AND PUBLIC HEALTH

Are you ready for pandemic flu? Learn how to prepare yourself, your clients, and your agency

Who: Home Health, Homecare Agencies & Residential Service Agencies

When: Wednesday, March 12, 2008
8:30 a.m. – 1:00 p.m.

Where: The Boyer Learning Center
Montgomery General Hospital
Olney, Maryland 20832

Space limited to 100. Register today for this free program at:

www.montgomerycountymd.gov/pandemicflu

Free Parking

Questions?? Please call 240-777-3038

Sponsors:

- **Montgomery County Advanced Practice Center for Public Health Emergency Preparedness and Response**
- **Maryland National Capital Homecare Association (MNCHA)**

**Pan Flu & Us: Linking Home Care and Public
Half-Day Conference
March 12, 2008**

Overall Conference Objectives

As a result of attending the conference, participants will be able to:

1. Explain the necessity of preparedness for themselves, their agencies and their clients for pandemic influenza.
2. Explain to home care clients how to prepare for a pandemic.
3. Recognize the potential impact of a pandemic flu on their agencies/organizations.
4. Describe Public Health's role during a public health emergency event such as pandemic flu.
5. State how Public Health and Home Care can plan together to prepare the community for pandemic flu.

Pan Flu & Us: Linking Home Care and Public Health Lessons Learned

Content Directory

- [Introduction](#)
- [Who is Home Care?](#)
- [What are the types of Home Care and Home Health agencies?](#)
- [Who are your partners?](#)
- [What topic\(s\) will you cover?](#)
- [What is your time frame?](#)
- [What is your budget?](#)
- [What resource materials are available?](#)
- **What lessons were learned?**
- [What are the next steps?](#)

In general, the Montgomery County APC's conference on home care and pandemic flu was a great success. The correct target audience was reached, with a mixture of certified home health agencies, home care agencies and residential service agencies in attendance.

More than 90 percent of the participants agreed that after the program they could explain to home care clients how to prepare for a pandemic. Participants also recognized the impact a pandemic flu could have on their organizations and could explain the necessity of preparedness.

The conference was successful at introducing public health to a population who might not have understood exactly what the local health department does or its role in a pandemic.

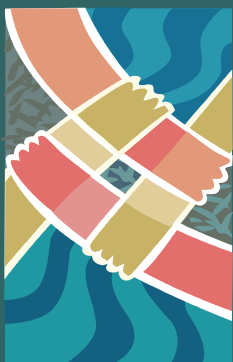
We learned that many home care agencies had not considered how a pandemic flu would impact their services. Therefore, there is a great need for programs like this in the home care community. Participants expressed a desire for more time to network with one another to discuss cooperation and ways they could plan together.

Home care agencies have many demands on their time. Be conscious of their schedules when planning your event and be willing to accommodate their client schedules as well as the numerous other meetings and workshops they must attend.

There is a high level of turnover among the smaller agencies, including the RSAs (Residential Service Agencies) and home care agencies. Many of these organizations operate on small budgets with small staff. We received a significant number of returned mailings from addresses that were no longer in business.

There is a temptation to pack the agenda with speaker presentations because, after all, there is a lot of information to impart and you are cognizant of imposing on your participants' time. But do try to include an active learning piece if possible. Your participants will appreciate the break from the lecture format and adult learning principles advise that exercises and hands-on experiences are proven to be effective teaching methods.

Finally, partnerships are critical in developing this type of conference for home care agencies. However, be aware of the limitations on some of your potential partners. Some agencies may have a staff of a single individual who works largely with an unpaid board of directors. In summary, do work with others. But pick your partners wisely. Your program will benefit from having their input. And be careful of asking too much of anyone who already has a very full plate.



Pan Flu and Us: Linking Home Care and Public Health

Next Steps

The Montgomery County APC plans to conduct follow-up interviews with participants to find out how many have implemented a pandemic flu preparedness plan as a result of our workshop. We also plan to continue and enhance the relationships we created in developing our event, especially the relationships with our state disabilities agency and Maryland National Capital Homecare Association (MNCHA). We are exploring the use of technology—such as a webcast—to disseminate this information.

Planning “Pan Flu & Us: Linking Home Care and Public Health” was a worthwhile learning experience that will have lasting benefits to all involved, especially the at-risk populations served by home care who will be prepared for a Pandemic Influenza.

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